

GAMPAHA WICKRAMARACHCHI UNIVERSITY OF INDIGENOUS MEDICINE

REGISTRATION FORM FOR REPEAT CANDIDATES

BAMS DEGREE EXAMINATION

LEVEL/YEAR – SEMESTER

1. Student No.

2. Name with initials

3. Current Address

4. Telephone No.

5. Course units of the Examination

	Course Code	Course Unit	Course units sitting for the Examination Tick (✓) the box	Results obtained	Academic Year
1					
2					
3					
4					
5					
6					
7					
8					

Receipt No.

Amount Paid (Rs.)

No. of Resit course units

Signature of the Candidate:

Date

- **Candidate must fill the separate registration form for each Level and Semester.**

For Office Use

According to the examinations criteria and regulations the above mentioned student is qualified/ not qualified for the registration of the above examination.

.....
Date

.....
Assistant Registrar/ FIM

Student No. :

Date of Admission Issued :

.....
Date

.....
Subject clerk