**Gampaha Wickramarachchi University of Indigenous Medicine**

**Registration form for Repeat candidates**

**BAMS DEGREE EXAMINATION ……………..**

**LEVEL/YEAR ………. – SEMESTER ……..**

1. **Student No.**
2. **Name with initials**

1. **Current Address**

1. **Telephone No.**
2. **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