



SRI LANKA INSTITUTE OF ADVANCED TECHNOLOGICAL EDUCATION
All Candidates are bound to act in conformity with the provision of the examination
 Act No: 25 of 168
APPLICATION FOR THE SEMESTER END EXAMINATION

Name of the Diploma Program : HNDA / HNDEN / HNDIT / HNDM / HNDTHM
Academic Year: 1 / 2 / 3 / 4 **Year :20..... Semester I / II Nature of course :**
Full Time / Part Time (Proper / Repeat / Medical / Assignment Only)

01. Name with Initials :
02. Name Denoted by the Initials:.....
03. Student Registration No :
04. Private Address:.....
05. Gender (Male / Female) Tele. N : NIC No
06. Receipt No: (for payment of Examination fees).....
07. Specified subject to be taken at the examination.

Year requested to sit the exam: 1st 2nd 3rd 4th

S.NO	Subject Code	Subject Name	Examination Type		Medium	Signature
			Paper	Assignment		
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

08. Indicate under which attempt you will sit the above examination
 1st Attempt 2nd Attempt 3rd Attempt 4th Attempt

09. Index Number of Last Year Examination :

DECLARATION OF APPLICANT.

I hereby certify that the above data provided by me is true and accurate to the best of my knowledge.

Date:

Signature of Applicant:

(Please note that separate exam application needs to be submitted for each attempt)

Note: Examination rules and regulations imposed by Student Hand Book is imposed to this examination. So please visit www.sliate.ac.lk and refer before sit for the examination

RECOMMENDATION OF LECTURES

S.No	Subject Code	Subject Name	Medium	Percentage of Attendance	Recommendation	Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

RECOMMENDATION OF THE HEAD OF THE DIVION

Mr/Miss/Mrs Attended course as a Full Time / Part Time/ student.

His/Her attendance exceeds Percent and I recommended/not recommended him / her to sit the Examination in the English/Sinhala Medium.

.....

Date

.....
Signature Head Of Divison(Seal)

APPROVAL OF DIRECTOR

This application has all fulfilled all requirements and I approve his application to sit the examination.

.....

Date

.....

Signature Of Director (Seal)