



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 - ATI - Kegalle

Name of the Diploma Program : HNDA / HNDIT / HNDEN / HNDPM

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.No : ID No

06. i Indxe No :

ii Receipt No: for payment of Examination fees.....Panalty Charges

07. Specify subject to be taken at the examination.

Year requested to sit the exam : 1 23 4

S.NO	Subject Code & Subject	End Semseter Exam	Assignment
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

08.Indicate the attempt you are applyng for.

1st Attempt 2nd Attepmt 3rd Attempt 4th Attempt

.....

09. Index No: of the Previous Attempt :

DECLARATION OF APPLICANT.

I certify that the information forwarded above is true and correct.

Date :

Signature of Applicant :

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

Note : Please complete all items in this application from Incomplete applications will be rejected

RECOMMENDATION OF LECTURES

No	Subject Code & Subject	Percentage of Attendance	Recommendation of Lecturer	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Date :

RECOMMENDATION OF THE HEAD OF THE DIVISION

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

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

Date :.....

.....
Signature Head Of Division
Seal

APPROVAL OF DIRECTOR

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

Date :.....

.....
Signature Head Of Division
Seal