



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 : 2023 I Semester

Nature of course : Full Time / Part Time (Proper / Repeat / Medical / Assignment Only / Special exam)

01.Name with initials :

02.Name denoted by the initials:.....

03.Student Registration No :

04.Present Address:.....

05.Gender (Male / Female) Tele. No : ID No

06. i Index No :

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

07. Specify subject to be taken at the examination.

Year requested to sit the exam : 1 23 4

S.NO	Subject Code & Subject	Examination Type (Please Tick)					
		I(SE)	I(NC)	DFR	I(CA)	AB	NE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

08. Indicate the attempt you are applying for.

1st Attempt

2nd Attempt

3rd Attempt

4th Attempt

Special

09.Index No: of the Previous Attempt :

10.If you are a transferred student

Previous ATI :

Course Transfer (FT / to PT):.....

Registration No. :

Previous Index No. :

Present Index No. :

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 Director Seal