

2024 First Semester Exam Notice

The Students of all Higher National Diploma programs are hereby informed to Apply for 2024 1st semester Examination from 17/11/2025 – 01/12/2025

- Repeat students should pay Rs:100/- per subject
- Please submit a separate exam applications per attempt
- Exam applications can be downloaded via
www.kegalle.sliate.ac.lk
- The Duly filled exam Application forms can be handed over to the institute during 9.00 a.m.- 2.00 p.m. from 17th November to 01st December of 2025

NOTE: You should bring your red book for the submission exam application.



Director

**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 : 2024 I Semester

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

01.Name with initials :

(Write in capital letters)

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 2 3 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

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 DIVION

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