TRINCOMALEE CAMPUS
EASTERN UNIVERSITY, SRILANKA
Application form for Examination
Bachelor of Siddha Medicine and Surgery
(3rd Professional)

Examination Details		
Programme of Study	**Bachelor of Siddha Medicine and Surgery**	
Examination	3rd Professional	Academic Year ……
Mark ☒ in the appropriate box	Proper ☐	Repeat ☐
Personal details		
Title	Mr ☐ Ms ☐	
Full Name		
Gender	Male ☐	Female ☐
Registration No	T C / I S / 2 0 _ _ / S M / _ _ _ _	
Index No	_ _ / S M / _ _ _	
Address during Examination Period		
Contact Telephone No		

Guidelines For Category

- Enter "**P**" against each subject to which candidate applicable to sit.

For Proper Candidate				To be completed by Department			
Sn	**Subjects Code**	**Subjects**	**Category (P)**	**Total No of Hours**	**Total No of Hours attended**	**80% Att Yes/No**	**Sig. Subject Lecturer**
1	NNL 3108	Noi Naadal (Pathology)					
2	NNL 3108	Noi Naadal (Pathology Practical)					
3	CHA 3202	Chikitsai Adipadai thaththuvam (Fundamentals of Therapeutical Science)					
4	GNA 3308	Gunaoadam Marunthu seymuraiyiyal (Pharmaceutical Science)					
5	GNA 3308	Gunaoadam Marunthu seymuraiyiyal (Pharmaceutical Science Practical)					
6	SNM 3406	Samooga Nala Maruthuvam (Community Medicine)					
7	SNM 3406	Samooga Nala Maruthuvam (Field work visit)					
8	NSM 3506	Nanchiyahim Sadda Maruthuvamum (Forensic Medicine & Toxicology)					
9	NSM 3506	Nanchiyahim Sadda Maruthuvaum (Forensic Medicine & Toxicology Practical)					
Total number of subjects applied by candidate							

For Repeat Candidate *(All the relevant details should be filled by Applicant)*

Reason for re sitting Examination: Less Attendance / Absent / Medical Accepted / Fail / Other(*specify*)…… *(Please delete inapplicable)*

Examination Fee - Applying under category 1R/2R/3R should annex payment of receipt. (Rs. 100/- for a Subject)

Total Exam Fees (for Repeat candidates only)	No. of Subjects: …. x Rs.100.00 = Total Amount: ……. Date of Payment: ……..

Guidelines For Category

- Enter one of the applicable Category M/1R/2R/3R against each subject to which candidate applicable to sit.
- Enter (-----) for other subject which are need not be applied by candidate.

M	Repeating the Subject as Medical Submitted Candidate. (A copy of the Senate approval letter should be annexed)
1R	Repeating the Subject as First attempt
2R	Repeating the Subject as Second attempt
3R	Repeating the Subject as Third attempt

Sn	Subjects Code	Subjects	Category (M/1R/2R/3R/-)	No of Previous attempt	*(Please mention the previous grades)*				
					Proper	1st Repeat	2nd Repeat	3rd Repeat	Grace Chance
1	NNL 3108	Noi Naadal (Pathology)							
2	NNL 3108	Noi Naadal (Pathology Practical)							
3	CHA 3202	Chikitsai adipadaiththaththuvam (Fundamentals of Therapeutical Science)							
4	GNA 3308	Gunaoadam Marunthu seymuraiyiyal (Pharmaceutical Science)							
5	GNA 3308	Gunaoadam Marunthu seymuraiyiyal (Pharmaceutical Science Practical)							
6	SNM 3406	Samooga Nala Maruthuvam (Community Medicine)							
7	SNM 3406	Samooga Nala Maruthuvam (Field Work Visit)							
8	NSM 3506	Nanchiyahim Sadda Maruthuvaum (Forensic Medicine & Toxicology)							
9	NSM 3506	Nanchiyahim Sadda Maruthuvaum (Forensic Medicine & Toxicology Practical)							
Total number of subjects applied by candidate									

I declare that the above-mentioned details given by me are correct and true.

…….. ……

Signature of Candidate Date

Head of Department

This candidate is Allowed/ Not Allowed to be registered for the examination.

Signature of the Head of Department		Date	

Academic Affairs Department

Registered / Not Registered

Signature of AR/SAR/DR Academic Affairs		Date	