



**SOUTH EASTERN UNIVERSITY OF SRI LANKA  
FACULTY OF MANAGEMENT AND COMMERCE**

**APPLICATION FOR EXAMINATION**

(This form should be completed in **BLOCK CAPITAL** letters & Tick appropriate box)

**PART - I**

1 Name with initials:

Mr.	Ms.	
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2 Registration No:

SEU	IS			
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3 Current Batch (If transferred to others batch indicate intake year only):

4 Medium:

English	Tamil

5 Semester:

I	II

6 Applied for:

Fresh		Repeat

7 Year of Examinations:

First Year	Second Year	Third Year	Fourth Year

8 Field of Specialization (if any):

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9 Present Address:

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10 Contact Mobile No.

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11 Applied Subjects:

S. No	Subject Code (Specify Clearly)	Subject Title	Signature of Head of the Department
01			
02			
03			
04			
05			
06			
07			

12 If its Repeat candidate please state No. of attempts completed

**Note:**

Please note that a Candidate is eligible for 3 consecutive attempts irrespective of whether a candidate appears for a schedule examinations or not, after completion of course work. Each scheduled examination will be counted as an exhausted attempt.

(P.T.O)

13 Fees paid by Repeat Candidate of Rs. ....  
(Please affix a copy of paying in Voucher as proof of the payment of examination fees)

Payment: Rs. 100/- per subject for Four (04) and more subject Rs. 400/-

**Account Details**

South Eastern University of Sri Lanka

People's Bank

A/C No. 228 1001 9000 1704

A copy of PIV should be affix here

The above details are given by me true and correct according to my knowledge.

Date:.....

.....  
**Signature of Candidate**

**Part - II**

Particulars from 01 - 14 are checked with me and found correct

.....  
**Signature of Subject Clerk**  
**Dept. of .....**

Date:.....

.....  
**Asst. Registrar**  
**Faculty of Management and Commerce**

**Part - III**

Please register / do not register the candidate for the examination

Date:.....

.....  
**Snr. Asst. Registrar/ Examinations**