

SRI LANKA INSTITUTE OF ADVANCED TECHNOLOGICAL EDUCATION

ADVANCED TECHNOLOGICAL INSTITUTE –

All Candidates are bound to act conformity with the provision of the Examination Act No. 25 of 19

Application for the Special Repeat Examination – 2019

.....

(Name of course & Year)

Full Name :

Name with Initials :

Private Address :

Tel. No of the applicant :

Sex :

(i) Register No. : Year :

(ii) Receipt No. for payment of Examination fee :

(iii) Name of the Course :

(iv) Nature of course, full time/part time :

(v) Name of the examination applying for (1st /2nd/3rd /4th) Year :

Specified subject to be taken at the examination

S/N	Subject	Medium
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Indicate the attempt under which you sit this examination (1st, 2nd, 3rd Attempt,.....)

(i) Index No. of the last year examination :.....

(ii) Result of the above examination	Pass	Referred	Failure
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION APPLICANT

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

Date :
Signature of Applicant

APPROVAL OF DIRECTOR

This application has fulfilled all requirement and I approved his application to sit the special repeat examination.

Date :
Signature of Director
(Seal)