Only for repeat candidates

UNIVERSITY COLLEGE OF KULIYAPITIYA
EXAMINATION ENTRY FORM

(Please use "**BLOCK CAPITAL LETTERS**")

1. Name in full :-.....
   .....
2. Registration Number:-.....
3. Permanent Address :-.....
4. Contact Number :-.....
5. Academic Year :-.....
6. Course :-.....
7. Examination :-.....
8. Details of Modules :-

Module Code	Module Name

9. Payment details for the repeat examination:-
   Bank :..... Branch :.....
   Amount paid:..... Date of payment: .....

Attach the payment receipt here

10. I hereby certify that the information furnished above is true and correct and I have attached the payment receipt.

.....
Date

.....
Signature of Applicant