



Closing Date: 30.04.2024

SRI LANKA INSTITUTE OF ADVANCED TECHNOLOGICAL EDUCATION

All Candidates are bound to act conformity with the provision of the examination Act No.25 of 1968

HARDY ADVANCED TECHNOLOGICAL INSTITUTE

AMPARA

APPLICATION FOR THE SEMESTER EXAMINATION (REPEAT)

Academic Year – 2022, 2nd Semester

.....
(Name of course)

1. Full name as in student registration record book :
2. Name with initial :
3. Name to be given in certificate (In Blocks) :
4. (i) Private Address :
- (ii) Active Phone No :
5. Sex :
6. N.I.C.Number :
7. (i) **Registration Number** :
- (ii) Receipt No. for payment of Examination fees :
8. **Repeat Subject** of the Examination (**Year & Semester**):
9. Specified subject to be taken at the **Examination/Assignment**.
10. Indicate the attempt under which you sit this examination whether 2nd / 3rd / 4th.
(Please note that a candidate is eligible for only 3 consecutive attempts irrespective of whether a candidate appears for scheduled examination or not. Each scheduled examination will be counted as an exhausted attempt.)

| S.No | Subject Code No | Subjects | Attempt | Previous result of the Subject. I(SE)/I(CA)/INC/AB/DFR) |
|------|-----------------|----------|---------|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

DECLARATION OF APPLICANT

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

Date:.....

.....

(Signature of applicant)

Note:

- Please complete all items in this Application form. Incomplete Applications will be rejected.
- Applying for the examination does not mean that the particular student is eligible to sit the examination.

RECOMMENDATION OF THE HEAD OF DEPARTMENT

Mr/Miss/ Mrs.....attended.....course as a full time / part time /day /evening / student His /Her attendance exceedspercent and. I recommended / not recommended him /her to sit the examination in themedium.

Date:.....

.....

Signature of Head of Department

(Seal)

Approval of Director

This application has fulfilled all requirements and I approved his /her application to sit the examination.

Date:.....

.....

Signature of Director

(Seal)

Payment Detail

Exam fees **per subject:** Rs.100.00

Exam fees **per subject (With penalty):** Rs.200.00 (Maximum up to 05.05.2024)

Renewal of registration fee **(after the stipulated period students only) – Rs.500.00 Per Semester**