



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 (1st Attempt Candidate)

Academic Year – 2025, 1st 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) Percentage of attendance during the year
8. (i) Name of the examination (Year & Semester)
(ii) Name of course, full time/ part time & Course Period:

9. Specified subject to be taken at the examination

Table with 3 columns: Serial No, Subject Code, Subjects. Rows 1-8.

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 LECTURERS

Serial No	Subjects	Percentage of attendance	Recommendation of lecturer	Signature
1				
2				
3				
4				
5				
6				
7				
8				

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)