



Closing Date: 01.12.2025

**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 – 2025, 1<sup>st</sup> 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 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup>.  
(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 exceeds .....percent and. I recommended / not recommended him /her to sit the examination in the .....medium.

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

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