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| **Form I : Application for Proper Examination (1st Attempt)** |
|  | **Office Use Only**Index Number ……………………………………… |
| **AQUINAS COLLEGE OF HIGHER STUDIES****30, Gnanartha Pradeepaya Mawatha, Colombo 8****EXAMINATION APPLICATION FORM** |
| 1 | Student Registration number |

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| 2 | Full Name (In block letters) | ……………………………………………………………………………………………………………………………………………………………………………… |
| 3 | Name with Initials | …………………………………………………………. |
| 4 | Title (underline)  | Rev./Mr./Mrs./Miss.  |
| 5 | Address (Permanent) | ……………………………………………………………………………………………………………………………………………………………………………… |
| 6 | Address (During the Period of Examinations) | ……………………………………………………………………………………………………………………………………………………………………………… |
| 7 | Contact Telephone Number | Mobile |  |
| Land Phone |  |
| 8 | Date of admission to Aquinas College of Higher Studies |

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| Date | Month | Year |

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| 9 | Type of the Examination (Put “ √ “)  | **Proper** |
| Year I Semester II |
| Year II Semester II |
| Year III Semester II |
| Year IV Semester I |
| 10 | Please state the subject(s) you expect to offer for the Examination |

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| **Title of the paper**  | **Code** | **Medium** | **Attendance Percentage** | **Q/NQ** | **Signature of Lecturer** |
| a | English Language II | AIM/CC 12010 |  |  |  |  |
| b | Business Skills and E-commerce  | AIM/CC 12020 |  |  |  |  |
| c | Personality Development II | AIM/CC 12030 |  |  |  |  |
| d | Good Laboratory & Field Practices  | AIM/CC 12040 |  |  |  |  |
| e | Statistics for Agro Industry Management | AIM/AM 12012 |  |  |  |  |
| f | Principles of Macro Economics | AIM/AM 12022 |  |  |  |  |
| g | Principles of Marketing and Consumer Behavior | AIM/AM 12032 |  |  |  |  |
| h | Pest of crop and Their Management | AIM/CM 12012 |  |  |  |  |
| i | Farm Power & Mechanization  | AIM/CM 12022 |  |  |  |  |
| j | Principles of Food Science & Technology | AIM/LM 12013  |  |  |  |  |
| **h** | Management of Non Ruminants  | AIM/LM 12023 |  |  |  |  |
| 11 | Have you postponed sitting of any examination earlier due to illness (supported by medical certificate) or any other reasons? (Put “ √ “) If yes fill form II for repeat exams  | Yes |
| No |
| I certify that the above information is correct. I am aware that my application shall be rejected, if any of the information given is incorrect. |
| ………………………………. | …………………………… |
| Date | Signature |