**INSTITUTE OF BIOCHEMISTRY, MOLECULAR BIOLOGY & BIOTECHNOLOGY, UNIVERSITY OF COLOMBO**

**REGISTRATION FORM FOR EXAMINATION**

Examination : Master of Science/ Masters in MLS/ CMI/ BI

Semester : …………………………………………………….

Name with initial (Dr./Mr./Mrs./Miss) : …………………………………………………….

………………………………………………………………………………………………………

Address : …………………………………………………….

Contact Number : …………………………………………………….

Email Address : …………………………………………………….

Student Registration No. / Index No. : …………………………………………………….

I would request to sit for the following paper(s).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Subject/ paper | No. of credits | Attempt |
| 01 |  |  |  |
| 02 |  |  |  |
| 03 |  |  |  |
| 04 |  |  |  |
| 05 |  |  |  |
| 06 |  |  |  |

I hereby certify all information provided by me are true and accurate.

Date: ………………….. Signature: ………………………………...

**FOR OFFICIAL PURPOSE**

I certify that the candidates has paid the relevant course fees/Repeat Examination fees/ has to pay due amount of ………..

…………………… Date: ………………………………

AR/ SAR (IBMBB)

I certify that the attendance for Lectures and Practical is ………………………………………...

Recommended by: ……………………

Coordinator/M.Sc. in MLS/CMI/BI Date: ………………………………….

Approved by: …………………………

Director/IBMBB Date: ………………………………….

Remarks

Please fill separate form for each examination