



**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

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Please fill separate form for each examination