Faculty of Allied Health Sciences University of Peradeniya

Registration No:			
	Registration 1	No:	

EXAMINATION ENTRY FORM

·	tempt) Candidates only	examinations (Proper forms for each examin) should use separate nation.	
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	al (Mr/Mrs/Miss) :			
(In Block letters				
2. Full Name:				
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	nations taken in this Faculty			
Month/Year		Name of the Examinations		
9. State clearly th	e Modules & the Course Coo	le with your present your		
Course Code	Course Name	Attendance	Certification by Dept.	
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Date: