

**REPEAT CANDIDATES
EXAMINATION ENTRY FORM
UNIVERSITY COLLEGE OF KULIYAPITIYA**

(Please Use "BLOCK CAPITAL LETTERS")

- 1. NAME WITH INITIALS :-.....
- 2. ID NO :-.....
- 3. REGISTRATION NUMBER :-.....
- 4. COURSE :-.....
- 5. CONTACT NUMBER :-.....
- 6. ACADEMIC YEAR :-.....
- 7. EXAMINATION (SEMESTER):-.....
- 8. DETAILS OF MODULES :-

MODULE CODE	MODULE NAME

- 9. Payment details for the repeat examination:-
 - Bank :..... Branch :.....
 - Amount Paid :..... Date of Payment :.....

Attach the payment receipt here

- 10. I hereby certify that the information furnished above is true and correct and I have attached the payment receipt.

.....
Date

.....
Signature of Applicant