Closing Date23.06.2026

SRI LANKA INSTITUTE OF ADVANCED TECHNOLOGICAL EDUCATION

All Candidates are bound to act conformity with the provision of the examination Act No.25 of 1968

ADVANCED TECHNOLOGICAL INSTITUTE
SAMMANTHURAI

PROPER APPLICATION FOR THE SEMESTER EXAMINATION

Academic Year – 2025, 2nd Semester

Higher National Diploma in .....
(Name of course)

1. Full Name :……...
2. Name with initial :……...
   (i) Active Phone No :……...
   (ii) Email Address :……...
   (ii) Postal Address :……...
3. Gender (Male /Female) :……...
4. N.I.C.Number :……...
5. **Registration Number** : SAM / …….
6. (i) Name of the examination (**Year & Semester**) : .....
   (ii) Name of course, full time/ part time : .....
7. **Subject codes and Names of the examination you are applying for:**

Serial No	Subject Code	Subjects
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

DECLARATION OF APPLICANT

I certify that the information forwarded above is true and correct. I understand that any false information provided may result in the cancellation of my examination application.

Date:..... .....

(Signature of applicant)

Note: Please complete all items in this Application form. Incomplete Applications will be rejected. Applying for the examination does not mean that the particular student is eligible to sit the examination.

RECOMMENDATION OF LECTURERS

Serial No	Subjects	Percentage of attendance	Recommendation of lecturer	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

RECOMMENDATION OF THE HEAD OF DEPARTMENT

Mr/Miss/ Mrs.....attended.....course as a full time / part time student his /her attendance exceeds .....percent and. I recommended / not recommended him /her to sit the above examination.

Date:..... .....

Signature of Head of Division

(Seal)

Approval of Director

This application has fulfilled all requirements and I approved his /her application to sit the examination.

Date:..... .....

Signature of Director

(Seal)