Closing Date: 23.06.2026

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

REPEAT APPLICATION FOR THE SEMESTER EXAMINATION

Academic Year – 2025, 2nd Semester

Higher National Diploma in.....

(Name of course)

Personal Information:

1. Full Name : .....
2. Name with Initials : .....
3. (i) Contact Number : .....

   (ii) Email Address : .....
4. Gender (Male/Female) : .....
5. N.I.C. Number : .....
6. Registration Number : SAM.....

Examination / Assignment Details:

7. Receipt No. for payment of Examination fee: …….
8. **Repeat Subject** of the Examination (**Year & Semester**): ……
9. Indicate the attempt under which you sit this examination: 2nd / 3rd / 4th
   (Please note that a candidate is eligible for only 3 consecutive attempts irrespective of whether a candidate appears for scheduled examination or not. Each scheduled examination will be counted as an exhausted attempt.)

10. Subject Code(s) and Name(s) of the **Examination/Assignment** you are applying for:

S. No	Subject Code No	Subjects	Previous result of the Subject. I(SE)/I(CA)/INC/ AB/DFR
1			
2			
3			
4			
5			
6			
7			
8			

DECLARATION OF APPLICANT

I hereby declare that the information provided above is true and accurate to the best of my knowledge. 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 THE HEAD OF DEPARTMENT

Mr/Ms. .....attended… ..... course as a full time/part time student and his/her attendance exceeds.....percent. I recommend/do not recommend him/her to sit the above examination.

Date: ....

Signature of Head of Department

(Seal)

Approval of Director

This applicant has fulfilled all requirements and I approve his/her to sit the above examination.

Date: ....

Signature of Director

(Seal)

Payment Details

- The **CDM deposit/ online payment** will not be accepted
- Pay at any People's Bank branches.
- A/C Name : ATI, Sammanthurai
- A/C No. : 064 1001 5005 1855
- Exam fee **per subject** **:** Rs. 100.00
- Exam fee per subject (**With penalty**): Rs. 200.00 (After the deadline on 23.06.2026)
- Renewal of registration fee **(after the stipulated period students only) –** Rs.500.00 **Per Semester**

For further information - 067- 2261304