

Application form for the Most Improved Student Faculty of Medical Sciences University of Sri Jayewardenepura

| 1) | Name : | | | | | | |
|---|-----------------------|------------|------------------|-------------------------|--------------|--------------------|---|
| 2) | MED No : | | Batc | h : | | | |
| 3) | Contact No : | | | * | | | |
| | | | | | | | |
| Aca | ademic qualifications | s – Anv st | tudent who has d | emonstrated a | n improvem | ent in the overall | |
| aca | demic performance be | tween tw | vo consecutive m | ain examinatio | ns are eligi | ble to apply. | |
| | | | | | | | |
| | | det name | | T | | | |
| Result | | 1st MBE | BS (Main) | 2 nd MBBS (N | lain) | Final MBBS (Main) | |
| | | | 2 2 TV | | | | |
| | | | | I. | | | - |
| Performance level at exams | | | | | | | |
| 1. Referred/Fail | | | | | | | |
| 2. | 2. Pass | | | | | | |
| 3. 2 nd class lower division | | | | | | | |
| 4. 2 nd class upper division | | | | | | | |
| 5. 1 st class | | | | | | | |
| | | | | | | | |

Signature of the applicant -