



Faculty of Engineering
University of Jaffna - Sri Lanka
Examination Entry Form
Specialization

Full Name :
Reg. No :
Department :
Academic Year :
Semester :
Name of the Examination:

(Candidates are kindly requested to fill the columns below and get the signature for each subject from respective subject coordinators)

Subjects

Code No	Title	Attempt	Attendance (%)	Signature of Course Coordinator

I confirm that the above details are true & correct.

.....
Date

.....
Signature of the Candidate