



---

Date	Time	Subject
31.08.2024	9.00 am – 12.00 noon	ETEHM 1004 - Facility Management and Event Management
01.09.2024	9.00 am – 12.00 noon	ETEHM 1006 - MICE Tourism and Event Management
01.09.2024	1.00 pm - 4.00 pm	ETEHM 1007 - Public Private Partnership for Tourism Development

**For Repeat Students**

**INSTITUTE OF HUMAN RESOURCE ADVANCEMENT  
UNIVERSITY OF COLOMBO**

(For office use only)

Index Number

.....

**Certificate / Diploma / Executive Diploma / Higher Diploma / Master  
Repeat Examination**

**Name of the Course** (-.....)

**Semester** (-.....)  
(Please write in block letters)

1. Registration No in IHRA (-.....)

2. Index No (-.....)

3. Full Name (English) (-.....)

(Sinhala) (-.....)

Name denoted by initials (English) (-.....)

(Sinhala) (-.....)

4. Gender

Mr	
Ms	

5. Postal Address (-.....)

6. Email Address (-.....)

7. Telephone Numbers Office .....

Residence .....

Mobile .....

8. National Identity Card No .....

9. Medium .....

10. Subjects and Subjects code to be taken at the examination

.....  
.....  
.....  
.....  
.....

11. I certify that the above mentioned details are correct and I have properly registered for the above examination.

.....

Date: .....

Signature of the Candidate

Please handover the duly filled hardcopy of the application with payment receipts and board decision letters on or before ..... to the Examination Branch through Coordinator.

---

**For office use only**

Application checked

**Accepted / Not Accepted**

Date: .....

.....  
Signature of Subject Clerk

Attendance .....

The above named student has been permitted / not permitted to sit the above- mentioned subjects at the Examination in Certificate / Diploma / Executive Diploma / Higher Diploma / Master

.....

Date : .....

.....  
Coordinator