Rajarata University of Sri Lanka - Mihintale

Bachelor of Business Administration (General) External Degree

Exam Application - Year I, II & III Semester II Examination Janu/Feb 2027 - **New Syllabus**

01. Submission of Application

The completed application should be sent on or before 12th November 2026 to: Assistant Registrar, BBA Degree Programme, Centre for Distance and Continuing Education (CDCE), Bulankulama Disa Mawatha, Stage II, Anuradhapura. Incomplete and late applications will be rejected.

02. Examination Fee

An examination fee of Rs. 1,200.00 per subject should be paid. This fee is applicable only to students sitting for repeat examinations and students submitting Medical Certificates.

03. Payment of Examination Fee

Please download the payment voucher from the Rajarata University of Sri Lanka website: https://cdce.rjt.ac.lk/ The required amount should be deposited at the Bank of Ceylon, Mihintale Branch, to the following account: Account Number: 074803800. Please ensure that the correct amount is paid and the payment voucher is duly completed.

04. Admission Card and Time Table

The Admission Card and Time Table will be sent to the applicants by e-mail in due course.

Registration No. RJT/BBA/ / Index No. BBA/EX/

01. I. Name with initials : .....

II. Contact No. : .....

III E Mail . : .....

IV Preferred Examination Center : Kurunegala ☐ Mihintale ☐ Kandy ☐ Polonnaruwa ☐

Note : **The relevant paying in Voucher is attached. Please place a tick mark (✓) next to the subject you wish to apply for.**

Course Code	Code Description	(√)
BBA 1213	Organization Behavior	
BBA 1223	Macro Economics	
BBA 1233	Financial Accounting II	
BBA 1243	Business Statistics	
BBA 1252	Business English	
2nd Year		
BBA 2214	Human Resource Management	
BBA 2223	Operation Management	
BBA 2233	Management Accounting	
BBA 2244	Auditing & Taxation	
BBA 2253	Management Information System	
3rd Year		
BBA 3214	Strategic Management	
BBA 3224	Financial Management	
BBA 3234	Business Plan Development	
BBA 3243	Business Ethics and Social Responsibility	

..... Date

Paid Amount : ☐

..... Signature of the candidate

Certification of the Deputy Director/Academic Coordinator: (For office use only)

I certify that the above candidate has fulfilled the requirements stipulated by the Senate with regard to the attendance and eligibility criteria for approved course/s only.

..... Deputy Director/Academic Coordinator

..... Date