

For Office Use only

**B.Sc. (External) Degree Programmes
Faculty of Applied Sciences
Rajarata University of Sri Lanka**

MEDICAL CERTIFICATE SUBMISSION FORM

1.Name of the student: Mr./Mrs./ Miss.
.....

2.Registration No./ Index No.:

3.Telephone Number:..... 4. Email Address:

5. Name of the examination:

Date of the Examination	Course Code	Course Title
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6. Total number of courses for which you have submitted medical certificates in this examination.....

7. Total number of courses for which you have submitted medical certificates in the last semester/Level examination.:

.....
Signature of the candidate

Date:

(Please e-mail the copy of the duly completed form to bsconline@rjt.ac.lk)