

MEDICAL CERTIFICATE SUBMISSION FORM

For Office use only

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

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2 Registration no :

3 Index No :

4 Contact Number/s :

5 Name of the Examination :

Date of the Examination	Course Code	Course Title

6 Total number of course units that you have submitted medical certificates in this examination.....

7 total number of course units that you have submitted medical reports in the last semester examination.....

8 Are you a recipient of hostel facilities provided by RUSL.....

9 Please mention the venue/s you stayed during the examinatin period.

Address	Period	
	From	To
1.....
2.....
3.....

10 State whether the medical report/s attached have been issued by Medical Officer of the Rajarata University of Sri Lanka.

11 If not, please give reasons.

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I state that the Information given in this form is correct and accurate to the best of my knowledge.

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Signature of Student

.....
Date

* Please submit this form to the Dean's office along with the Medical certificate/s and the request letter. (separate form should be used for separate years)