

**Rajarata University of Sri Lanka  
Faculty of Applied Sciences**

## Medical Certificate Submission Form

For Office Use Only

1. Name of the Student : Mr./Ms. ....  
.....
2. Registration No : .....
3. Index No : .....
4. Contact Number/s : .....
5. Name of Examination : .....

Date of the Examination	Course Code	Course Title	The date and time of the examination you attended before and after the course mentioned in the column 2	
			Before	After

6. Total number of course units that you have submitted medical certificate 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 examination 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 : (Yes/No)

11. If not, Please give reasons.

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

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

.....  
Signature of Student

.....  
Date

\* Please submit this form to the Assistant Registrar's office along with the Medical certificate/s and the request letter within 14 days. (Separate form should be used separate years).