

## Faculty Board Memo

To: The Chairman / Faculty Board of the FMAS

From: Director, Examination / Faculty of Medicine & Allied Sciences

Subject: **Medical Certificate Submission Form for Examinations**

Date: 11/02/2019

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Herewith I am sending the Medical Certificate Submission Form for Examinations, Faculty of Medicine & Allied Sciences, Rajarata University of Sri Lanka, for Faculty Board recommendation.

Students should submit this form to the Dean's office along with the Medical Certificate(s) and the request letter (a separate form should be used for separate examination).



Dr. P.H.G. Janaka Pushpakumara  
Director / Examinations  
Faculty of Medicine & Allied Sciences  
Rajarata University of Sri Lanka

## Faculty of Medicine & Allied Sciences

### Rajarata University of Sri Lanka

#### MEDICAL CERTIFICATE SUBMISSION FORM FOR EXAMINATIONS

01. Name of the Student: Mr./Ms. ....

02. Registration Number: .....

03. Index Number: .....

04. Contact Number/s : .....

05. Name of the Examination (*please select with "✓"*) :

- 2<sup>nd</sup> MBBS                       3<sup>rd</sup> MBBS (Part I)                       3<sup>rd</sup> MBBS (Part II)  
 Final MBBS                       Continues Assessment – No..... (*Please specify*)  
 Other - .....(*Please specify*)

	Date of the Examination	Subject <i>(i.e. Anatomy, Microbiology, etc.)</i>	Component/s of the Examination <i>(i.e. MCQ, Essay, SEQ, OSPE, OSCE, etc.)</i>
1			
2			
3			
4			
5			
Total Number			

06. Mention the venue/s you stayed during the examination period.

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

*(Please use a separate sheet if necessary)*

07. Details of certifying doctor and issuing institution of the medical certificate

Name of the certified doctor	
Designation of the certified doctor	
Institution that issued the medical	

08. State whether the medical records and/or certificates attached have been issued or certified by Medical Officer of the Rajarata University of Sri Lanka?  Yes  No

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

.....  
Signature of the Applicant

.....  
Date

**Instructions for students**

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 examination).

**Office use only**

Details of Faculty Board Decision

Approval :	Faculty Board Meeting No.:	Faculty Board Meeting Date:
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Memo No. :

Decision

Medical Certificate:  Accepted  Not Accepted  
 Next examination considered as the:  First (1<sup>st</sup>) Attempt  Repeat Attempt  
 Other: .....

Remarks: