



**University College of Anuradhapura**  
**Submission of Medical Certificates for the Examination**

1. Full Name (Mr./Miss) : .....
2. Student Reg. No: .....
3. Examination: .....
4. Year: ..... Semester: .....
5. Contact Number: .....
6. Have you submitted a medical certificate for an examination before: **Yes / No**
7. If yes, please specify: .....
8. Details of subjects covered by the Medical Certificate

Name of Module	Module Code	Date & Time of the Examination

9. Details of the Medical Certificate

Medical Certificate No	Period of covered	Module Code of Course Units covered	Date & Place of the Medical certificate issued

I certify above information is correct any other information.

Signature of student: .....

Date: .....

**NB: This form should accompany a duly signed medical certificate within 7 days from the date of absence.**

**For Office Use Only**

Date of receipt of the Medical Certificate to the Administration Division: .....

Date of the Medical Board: .....

This medical certificate is **accept / not accept** by the Medical Board of the University College of Anuradhapura.

If not please specify the reason: .....

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**HoA**

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**HoD**

**Important Note for students**

Criteria of the submission of the Medical Certificate by candidate who failed to attend in any examination for medical reasons;

Please follow the instructions given below if any candidate is unable to attend the examination on medical reason.

1. The Medical Certificate submitted by the candidate should be issued by the **Medical Officer of a Government Hospital or by a Consultant.**
2. The Medical Certificate submitted by the candidate should be on a standard format of a Government Medical Certificate with the **registration number and official stamp** of the Medical Officer.
3. Any medical Certificate issued is **valid only for 14 days** and if further time is needed an additional Medical Certificate should be obtained separately.
4. If any candidate is unable to attend an examination, he/she immediately should inform the **Assistant Registrar through HoD** of the University College by E mail or Tele mail.
5. The relevant medical certificate should be sent to the Assistant Registrar of the University College **within 7 days from the date of absence.**