

Faculty of Dental Sciences
University of Sri Jayewardenepura
Application for the Medical Certificate

Name :
Registration No. :
Examination Index No. :
Batch :

Medical Certificate

Issued by :
From : To
No of days :

Details regarding the Examination/ Tutorial/ Practical dates and the Departments relevant to the Medical Certificate/s.

Examination :
Tutorial :
Practical :
Date/Dates :
Departments :

.....
Signature of the Student

For office use

Received by :
Received on :
Sent to the Departments on :
Checked with the original documents and found correct.
Signature of the Clerk :

Senior Assistant Registrar
Faculty of Dental Sciences
Date :