

UNIVERSITY OF COLOMBO –SRI LANKA
FORM TO SUBMIT MEDICAL CERTIFICATES
END OF SEMESTER EXAMINATION ARTS/EDUCATION -202
SEMESTER I/II

Arts	First Year	
Arts- General	Part I	
	Part II	
Arts- Special	Part I	
	Part II	
	Part III	
Education	Part I	
	Part II	
	Part III	

Index No: A/BED.....
(for office use only)

(Please indicate the Exam & part by marking “X”)

- Name with Initials:
- State whether Mr./Miss/Mrs./Rev:
- Registration No:
- Index No:
- Telephone No:
- Period Covered by the Medical certificate:
 - No. of Days:
 - Period of Leave recommended from:
- Details of the Course Unit Covered by Medical Certificate:

Course Code	Course Unit	Date of Exam
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Date:

Signature of Candidate

Recommended ☐

Not Recommended ☐

Observation of the University Medical Officer:

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Date:

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Signature of the U.M.O

Recommendation of the Faculty Board:

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Meeting No:
.....

Date of Meeting:

Signature of the AR/SAR of the Faculty:

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(For the office use only)

Note: medical certificates to cover absence at Semester Examinations should be handed over to the University Chief Medical Officer/ Medical Officer along with this form duly filled.

This form along with the Medical Certificate should be submitted at the Examinations Branch with the recommendation/Observation of the C.M.O/M.O. within two weeks from the date of completion of the examination. Certificates submitted after this dead-time and without the recommendation/observation of the C.M.O. / M.O. will not be accepted.