EXAMINATIONS UNIT
FACULTY OF MANAGEMENT STUDIES AND COMMERCE
UNIVERSITY OF SRI JAYEWARDENEPURA

MEDICAL FORM

Name in Full : .....

Year and Semester : .....

CPM : .....

Registration No : .....

Exam Year and Month : .....

Academic Year : .....

Contact No : .....

Exam Date	Course Code	Course Title	Medical
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			☐
			☐
			☐
			☐
			☐

Other Details :

Student Signature : .....

Date : .....

For Office Use Only

Examinations Unit

Checked By: ....
(Name) (Signature) Date :

Implemented By : ....
(Name) (Signature) Date :

*** Please submit this medical form within 14 days after the exam date.**