GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY
REQUEST FORM FOR MEDICAL APPROVEL

1. Student's Name:
.....

2. Registration No. : .....(Stream:.....)

3. **Details of Medical Certificate**

a. Medical Certificate No: ... .
b. Type : Government / Private / Ayurvedic / Other
c. Address & Contact details of the Medical Centre (If not Government):

.....
.....

d. Period : From :..... To: .....
e. Number of Days : .....

4. **Details of Absent Dates**

Absent Date/s	Absent for (Lectures/Assessments/Exams /Other(Please Specify)	Semester	Name of the Module/s

I submitted the above Medical Certificate to the Faculty of Engineering on .....

.....
Student Signature

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5. **University Medical Officer,**

- Forwarded the above Medical Certificate for your perusal and recommendation please.

Date: ...../...../.....

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Head of the Department

Date: ...../...../.....

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Snr. Assistant Registrar

6. **FOR MEDICAL CENTRE USE ONLY**

UNIVERSITY MEDICAL OFFICER REPORT

a. Observation by the University Medical Officer

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b. Validity of the Medical Certificate as per the By-Laws of the KDU

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c. Other recommendations/observations

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Date: ...../...../20 .....

.....
University Medical Officer
Signature & Rubber stamp

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7. **FOR OFFICE USE ONLY**

Approval of the Faculty board	Date	Action taken	Date	Signature