

**DISTANCE & CONTINUING EDUCATION UNIT  
UNIVERSITY OF RUHUNA**

Application of Medical Certificates Producing on Absenteeism of Examinations  
(According to the Internal Circular No: 01/2015)

01. Name : .....
02. Programme : .....
03. Examination : .....
04. Reg. No. : .....
05. Index No. : .....
06. Address: .....
- .....
07. T.P. Number : .....
08. Email address: .....
09. Details of the subjects and examination

Subject	Subject code	Dates of Examination

10. Details of the medical certificate (Please attach medical certificate)

Absent Date(s) of Examination	Period covered by medical certificate	Subject / course unit covered by medical certificate	Medical certificate number (Government / Ayurvedic)

.....  
Signature of the Student

.....  
Date

**DCEU Recommendation**

DCEU Recommendation: Period covered / Not covered

Checked by: .....

Certified by: .....



**Recommendation of the University Medical Officer**

Accepted / Not accepted

Any other comments:

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.....  
.....  
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Name of University Medical Officer

.....

Signature & Official stamp of UMO

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Date