

**REQUEST FORM FOR MEDICAL APPROVAL – EXAMS / ASSIGNMENTS**

1. Student's Name : .....
2. Registration No. : .....
3. Intake : .....
4. Reference No (Please contact UMO, KDU to obtain a reference number) : .....  
(Contact Number: 0710219335)

**5. 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):  
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.....
- d. Period : From: ...../...../20..... To: ...../...../20.....
- e. Number of Days : .....

**6. Details of Absent Dates**

Absent Date/s	Semester	Name of the Module/s	Absent for (Assessments /Exam) (Please Specify)	Attempt (Proper/Repeat/ Re-repeat)

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

.....  
Student Signature

7. **University Medical Officer,**  
Forwarded the above Medical Certificate for your perusal and recommendation please.

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

.....  
Assistant Registrar

8. **FOR MEDICAL CENTRE USE ONLY**

**UNIVERSITY MEDICAL OFFICER REPORT**

a. Observations 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.....

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University Medical Officer  
Signature & Rubber Stamp

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9. **FOR OFFICE USE ONLY**

Approval of the Faculty Board	Date	Action Taken	Date	Signature