

GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY

FACULTY OF CRIMINAL JUSTICE

REQUEST FORM FOR MEDICAL APPROVAL – LECTURES

1. Student's Name:

2. Registration No. :

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):

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d. Period : From:/...../20..... To:/...../20.....

e. Number of Days :

4. **Details of Absent Dates**

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

I submitted the above Medical Certificate to the Faculty of on

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Student Signature

5. **University Medical Officer,**

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

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

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Assistant Registrar

6. **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

7. **FOR OFFICE USE ONLY**

Approval of the Faculty Board	Date	Action Taken	Date	Signature