



UNIVERSITY OF COLOMBO SCHOOL OF COMPUTING

FORM TO SUBMIT MEDICAL CERTIFICATES FOR POSTGRADUATE PROGRAMME

- MASTER OF COMPUTER SCIENCE
- MASTER OF INFORMATION TECHNOLOGY
- MASTER OF SCIENCE IN INFORMATION SECURITY
- SEMESTER

(Please indicate the programme by marking "X" and semester number in the cage provided)

1. Name with initials:
2. State whether Mr./Miss/ Mrs. /Rev:
3. Registration No:
4. Index No:
5. Telephone No:
6. Period Covered by the Medical Certificate:

FromTo

No. of Days:

7. Details of the Examination/s covered by Medical Certificate:

	Course Id	Course	Date of Exam
1.
2.
3.
4.
5.
6.
7.
8.

9.

10.

The details indicated above are correct and medical certificate issued by the Government Medical Institution / District Medical Officer / Private Medical Practitioner together with the proof of information the Director / UCSC is attached hereto.

Date:

Signature of Candidate

Recommendation / Observation of the Medical Officer:

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Date:

Signature of the Medical Officer & Official Stamp

Note:- This form along with the medical Certificate should be submitted to the Senior Assistant Registrar / Examinations of the UCSC within seven working days from the date of absence for such examination.

For office use only

Recommendation of the Research and Higher Education Board:

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Meeting No: Date of the Meeting:

Signature of the Senior Assistant Registrar of the UCSC: