

Submission of Medical Certificates for Examinations

(End Semester)

01. Name :
02. Year:
03. Level :
04. Semester :
05. Registration Number :
06. Contact Number :
07. Degree Programme (Bio science/Physical science/Computer science/FM&IS/Special)
08. Details of subjects corrected by the medical certificate.

Name of subjects	Subject code	Date and time of the Examination

09. Details of the Medical Certificate.

Medical certificate No	Period of covered	Subject code of course units covered	Date and place of the Medical certificate issued (Government MC only)

I certify above information is correct any other information.

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Signature of the student

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Date

Submission of Medical Certificates for Mid semester examinations

Continuous Assessment and Class room Test

1. Name :
2. Address :
3. Contact Number :
4. Registered No:
5. Academic Year :
6. Level :
7. Semester and Year
8. Details of Subjects covered by the Medical Certificate.

Name of Subject	Subject Code (Course Unit)	Date/Dates of Mid Exam	Place of Issue (Government MC only)	Date and time of the mid Examination	Period of covered

I hereby certify that I am submitting a medical certificate according to the requirements listed overleaf.

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Signature of the student

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Date

Mentor's Observations :

Mentor's Signature and Name :

Biological Science

Submission of Medical Certificates for Lecturers and Practical Classes

01. Name :
02. Address :
03. Contact Number :
04. Registered No:
05. Academic Year :
06. Level :
07. Semester and Year
08. Details of Subjects covered by the Medical Certificate.

Name of Subject	Subject Code (Course Unit)	Date/Dates of Medical	Place of Issue	Medical Certificate Number

I hereby certify that I am submitting a medical certificate according to the requirements listed overleaf.

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Signature of the student

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Date

Mentor's Observations :

Mentor's Signature and Name :

Physical Science

Submission of Medical Certificates for Lecturers and Practical Classes

01. Name :
02. Address :
03. Contact Number :
04. Registered No:
05. Academic Year :
06. Level :
07. Semester and Year
08. Details of Subjects covered by the Medical Certificate.

Name of Subject	Subject Code (Course Unit)	Date/Dates of Medical	Place of Issue	Medical Certificate Number

I hereby certify that I am submitting a medical certificate according to the requirements listed overleaf.

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Signature of the student

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Date

Mentor's Observations :

Mentor's Signature and Name :

Computer Science

Submission of Medical Certificates for Lecturers and Practical Classes

01. Name :
02. Address :
03. Contact Number :
04. Registered No:
05. Academic Year :
06. Level :
07. Semester and Year
08. Details of Subjects covered by the Medical Certificate.

Name of Subject	Subject Code (Course Unit)	Date/Dates of Medical	Place of Issue	Medical Certificate Number

I hereby certify that I am submitting a medical certificate according to the requirements listed overleaf.

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Signature of the student

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Date

Mentor's Observations :

Mentor's Signature and Name :

Financial Mathematics & Industrial Statistics

Submission of Medical Certificates for Lecturers and Practical Classes

01. Name :
02. Address :
03. Contact Number :
04. Registered No:
05. Academic Year :
06. Level :
07. Semester and Year
08. Details of Subjects covered by the Medical Certificate.

Name of Subject	Subject Code (Course Unit)	Date/Dates of Medical	Place of Issue	Medical Certificate Number

I hereby certify that I am submitting a medical certificate according to the requirements listed overleaf.

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Signature of the student

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Date

Mentor's Observations :

Mentor's Signature and Name :

Special Science

Submission of Medical Certificates for Lecturers and Practical Classes

01. Name :
02. Address :
03. Contact Number :
04. Registered No:
05. Academic Year :
06. Level :
07. Semester and Year
08. Details of Subjects covered by the Medical Certificate.

Name of Subject	Subject Code (Course Unit)	Date/Dates of Medical	Place of Issue	Medical Certificate Number

I hereby certify that I am submitting a medical certificate according to the requirements listed overleaf.

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Signature of the student

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Date

Mentor's Observations :

Mentor's Signature and Name :

Government Medical Certificates only

01. The criteria relevant to the submission of medical certificates for the absence from lecturers and practical classes by the internal students of the University of Ruhuna.
02. Students should adhere to the following criteria, when submitting medical certificates for their absences from lectures and practical classes.
03. When submitting medical certificates for a period not exceeding 5 days, those medical certificates should have been issued from **university medical officer** or **government hospital** or a specialized medical officer (**consultant**). In addition, it is possible to submit medical certificates from medical officers who are registered at SLMC or registered Ayurveda medical officer.
04. These medical certificates should be government medical certificates or proper medical certificates issued on a **letterhead with a serial number** and the **official stamp** of the doctor on that.
05. If a student is unable to attend lectures or practical classes, due to medical issues, they should inform the Dean or Registrar promptly. The medical certificate should be submitted as soon as possible, and the data of submission should not exceed **7 days** from the end of the period of medical leave.
06. Every medical certificate should include the **name, signature, SLMC registration number and the official stamp of the doctor.**