

**GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY**  
**REQUEST FORM FOR MEDICAL APPROVAL**

1. Student's Name:

.....

2. Registration No. : .....

3. UMO Reg No : .....

**4. 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) :

.....

.....

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

e. Number of Days : .....

**5. Details of Absent Dates**

Absent Dates	Absent for (Lecturers/ Assessments/ Exam/Other (Please Specify)	Name of the Module/s

I submitted the above Medical Certificate to the Faculty of Management, Social Sciences & Humanities on ..... (Date).

.....

Student Signature

**6. University Medical Officer**

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

Date :...../...../20.....

.....

Signature of the HOD

Date :...../...../20.....

.....

Signature of the Assistant Registrar - FMSH

7. FOR MEDICAL CENTRE USE ONLY

UNIVERSITY MEDICAL OFFICER REPORT

a. Observations by the University Medical Officer

.....  
.....  
.....  
.....  
.....

b. Validity of the Medical Certificate as per the By- Laws of the KDU

.....  
.....  
.....

c. Other recommendations/observations

.....  
.....  
.....

.....  
University Medical Officer  
Signature & Rubber Stamp

Date :...../...../20.....

8. FOR OFFICE USE ONLY

Approval of the Faculty Board	Date	Action Taken	Date	Signature