**University of Peradeniya**

**Faculty of Veterinary Medicine & Animal Science**

**Application for acceptance of Medical Certificate for BVSc course**

***(Medical Certificate from Chief Medical Officer, Health Centre, University of Peradeniya)***

Name: (Mr. /Ms.) ……………………………………………………………......

Registration No: …………………………………………

Batch: ……………………………………………………

Course & Semester: …………………………………......

Duration covered by MC: ……………………………….

Request to cover,

Lectures Practicals Field visits

Tutorials Signatures Seminars

Incourse End-Semester Year End

Assessments Exam Exam

If this Medical Certificate covers any Incourse assessments, End Semester and Year End Examinations, Please indicate the subjects for which the candidate had been absent.

………………. ………………… ………………..

………………. ………………… ………………..

I certify that above information given by me is correct.

…………………….. ………………..

Signature of the Student Date

OFFICE USE ONLY

I certify that the given information is correct.

……………………………… ……………………

Head of the Department Date