**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.

………………. ………………… ………………..

………………. ………………… ………………..

**Details of the Medical Certificate**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Date issued*** |  ***MC No*** | ***Duration covered by Mc*** |  ***Reason*** | ***Name & Address of the Medical Practitioner*** |
|  |  |  |  |  |

I certify that above information given by me is correct.

…………………….. ………………..

Signature of the Student Date

**OFFICE USE ONLY**

**Comments of the Head of the Department:**

Date: ………………………… Signature: ……………………….

**Comments of the Dean, Faculty of Veterinary Medicine & Animal Science**

Date: ………………………… Signature:………………………..

Chief Medical Officer,

Health Center,

University of Peradeniya

Dear Sir/Madam,

Herewith I am sending the Medical Certificate / s for your observation please

Thank you,

Yours faithfully,

Assistant Registrar/Faculty of Vet. Med. & Animal Science

**Observation of the Chief Medical Officer:**

Date: ………………………… Signature:………………………..