Application for Medical Certificate

Name with initials: .....

Department : Dpt. of N&M / P&PS / MLS / Optometry

Registration No: **HS**..... Examination Index No: .....

University Intake:..... Contact No:.....

Medical Certificate

Issued by: .....

From: ..... To: ..... No of days: .....

Details regarding the Examination/ Tutorial/ Practical dates and the Departments relevant to the Medical Certificate/s.

Date	***Subject***	***Examination/ Tutorial/ Practical***	***Department***

.....

Signature of the Student

.....

Date

For office use

Sent to the Departments : Head of the Dpt. of N&M / P&PS / MLS / Optometry

Examination Unit : Director - Examination, FAHS

Student Welfare committee : Secretary - .....

Checked with the original documents and found correct.

Received by: .....

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

.....

DR/ SAR/ AR

Faculty of Allied Health Sciences

Date:.....