

**FACULTY OF MEDICINE
UNIVERSITY OF JAFFNA, SRI LANKA**

STATEMENT OF COMPLETION AND APPLICATION FOR STATEMENT

[To be filled in duplicate, one to be retained at the Dean's office and the other to be handed over to A / R Admissions]

1. Surname with initials.....
2. Names indicated by initials.....
3. Postal address.....
.....
4. Registration No..... e-mail address:
5. Year of admission T.P No:
6. Examinations:

	Date of completion	Result
Phase -I		
Phase - II		
Phase -III		

7. I certify that the above mentioned information is correct.

Date: Signature of the candidate:

8. Verification of dues by Heads:

I certify that Mr. / Ms. has no dues outstanding.

[Please do not sign until all dues are cleared]

Department/section	Signature of the Head	Date
Anatomy		
Biochemistry		
Physiology		
Community Medicine		
Forensic Medicine		
Microbiology		
Parasitology		

Department/section	Signature of the Head	Date
Pathology		
Pharmacology		
Psychiatry		
Medicine		
Obstetrics & Gynaecology		
Pediatrics		
Surgery		
Assistant Librarian		
Senior Treasurer, MSU: Student activities, IT, etc.		
Senior Treasurer, MSU: Canteen dues		
Senior Treasurer, Sports council		
Sub warden, Hall of residence		
A. R. welfare		

[Please do not sign above until all dues are cleared]

9. I certify that the above student has *cleared all dues and well behaved. This student is fit / not fit* to obtain the statement / certificate for the Degree of MBBS, University of Jaffna. The name of the student could be / should not be sent to the SLMC for temporary registration as Intern Medical Officer.

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Dean, Faculty of Medicine

10. I certify that the Application is in order / not in order and the statement and the certificate may be issued.

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AR/Admissions

.....
Date