

UNIVERSITY OF JAFFNA, SRI LANKA
EXAMINATION ENTRY FORM – FACULTY OF MEDICINE
First Examination for Medical Degrees – (1st)
Section A: to be filled by the Candidate

1. Name in full: Mr. / Ms.
2. Registration No:
3. Contact Address:
Phone No :.....
4. Date of Admission: 5. Date of Examination:
6. Are you repeating the examination? Yes / No.
7. If yes, number of previous attempts:
8. Grade obtained in English Co Module:
9. Grade obtained in IT Co Module:
10. Fees paid for the examination if applicable [attach receipt]:
 Amount: Rs..... Date:
11. Subject/s applied:

<u>Subject</u>	<u>Yes/No</u>
Anatomy	
Biochemistry	
Physiology	

I certify that the above mentioned information is correct.

Date: Signature of the candidate:

Section B: to be filled by the Heads of Departments

This Candidate has fulfilled all requirements to appear at the examination on:

<u>Subject</u>	<u>Yes/No</u>	<u>Signature of the Head</u>	<u>Date</u>
Anatomy			
Biochemistry			
Physiology			

Section C: To be filled by the Dean

The Candidate is permitted to appear at the examination.

Signature of the Dean:

Date: Index No.