

**UNIVERSITY OF JAFFNA, SRI LANKA**  
**EXAMINATION ENTRY FORM – FACULTY OF MEDICINE**  
**First Examination for Medical Degrees – (2<sup>nd</sup>)**  
**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. ....