

UNIVERSITY OF JAFFNA SRI LANKA
FACULTY OF MEDICINE
EXAMINATION ENTRY FORM
Second Examination for Medical Degrees Part -I (1st) -..... Batch

Section A: to be filled by the Candidate

1. Name in full: Mr. / Ms.
2. Registration No:
3. Contact Address:
T.P 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. Fees paid for the examination if applicable [attach receipt]:
 Amount: Rs..... Date:

9. Subject/s applied:

Subject	Yes/No	Attempt
<i>Microbiology</i>		
<i>Parasitology</i>		
Forensic Medicine		

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:

Subject	Yes/No	Signature of the Head	Date
<i>Microbiology</i>			
<i>Parasitology</i>			
Forensic Medicine			

Section C: To be filled by the Dean

The Candidate is permitted to appear at the examination.

Index No: **20..../FM/P2A/.....**

Date:

Signature of the Dean
 Official Seal