

UNIVERSITY OF JAFFNA SRI LANKA
EXAMINATION ENTRY FORM – FACULTY OF MEDICINE
Second Examination for Medical Degrees Part -II (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:
5. Fees paid for the examination if applicable [attach receipt]:
 No. of Subject/s: Amount: Rs..... Date:.....
6. Subject/s applied:

Subject	Yes/No	Attempt
Community & Family Medicine		
Clinical Pharmacology & Therapeutics		
Pathology		

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
Community & Family Medicine			
Clinical Pharmacology & Therapeutics			
Pathology			

Section C: To be filled by the Dean

The Candidate is permitted to appear at the examination.

Index No. / /

Date:

Signature of the Dean:
Official Seal