

PLEASE TICK (✓)
 PROPER :
 REPEAT :

**UNIVERSITY OF JAFFNA SRI LANKA
 EXAMINATION ENTRY FORM – FACULTY OF MEDICINE
 Final Examination for Medical Degrees**

Academic Year:..... **Batch :**

Note: Section A to be filled by the Candidate

1. Name in full: Mr. / Ms.
2. Registration No:
3. Contact Address:

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
Medicine		
Obstetrics & Gynaecology		
Paediatrics		
Surgery		
Psychiatry		

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
Medicine			
Obstetrics & Gynaecology			
Paediatrics			
Surgery			
Psychiatry			

Section C: To be filled by the Dean

The Candidate is permitted to appear at the examination.

Index No. /..... /.....

Signature of the Dean:

Date: Dean' Official Seal