

**UNIVERSITY OF JAFFNA SRI LANKA**  
**EXAMINATION ENTRY FORM – FACULTY OF MEDICINE**  
**First 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. Index No: .....
4. Contact Address: .....  
 .....
5. Date of Admission: ..... 5. Date of Examination: .....
6. Fees paid for the examination if applicable [attach receipt]:  
 No. of Subject/s: ..... Amount: Rs..... Date:.....

7. Subject/s applied:

Subject	Yes/No	Attempt
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:

Subject	Yes/No	Signature of the Head	Date
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: .....

Dean' Official Seal