UNIVERSITY OF JAFFNA, SRI LANKA

EXAMINATION ENTRY FORM – FACULTY OF MEDICINE

# PERSONNEL PROFESSIONAL DEVELOPMENT STREAM (PPDS) EXAMINATION

## 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: .....

6. Are you repeating the examination? Yes / No.

7. If yes, number of previous attempts:

8. Subject/s applied:

| Subject | Yes/No |
|---|---|
| PPDS | |

I certify that the above mentioned information is correct.

Date: ..... Signature of the candidate: .....

## Section B: to be filled by the PPDS Coordinator

This Candidate has fulfilled all requirements to appear at the examination on:

| Subject | Yes/No | Signature of PPDS Co-ordinator | Date |
|---|---|---|---|
| PPDS | | | |

## Section C: To be filled by the Dean

The Candidate is permitted to appear at the examination.

Signature of the Dean: .....

Date: ..... Index No. .....