

**Rajarata University of Sri Lanka**  
**Faculty of Agriculture**  
**Medical Certificate Submission Form**

(for Examinations)

For office use only

01. Name of the Student : Mr./ Ms. ....

02. Registration No : .....

03. Index No : .....

04. Contact Number/s : .....

05. Name of the Examination: .....

Date of the Examination	Course Code	Course Title	Component (√)			
			Theory (T)	Practical (P)	Spot (S)	Viva (V)

☐ Course Component need to be mentioned

06. Total number of course units that you have submitted medical certificates in this examination .....

07. Total number of course units that you have submitted medical certificates in the last semester examination .....

08. Are you a recipient of hostel facilities provided by RUSL? .....

09. Mention the venue/s you stayed during the examination period.

Address

Period

From

To

1	.....	.....	.....
	.....		
	.....		
2	.....	.....	.....
	.....		
	.....		
3	.....	.....	.....
	.....		
	.....		

10. State whether the medical report/s attached have been issued by Medical Officer of the Rajarata University of Sri Lanka or not .....

11. If not, give reasons

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I state that the information given in this form is correct and accurate to the best of my knowledge.

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.....

Candidate's Signature

Date

**Note:**

- *Submit this form to reach the Assistant Registrar's Office along with the medical certificate/s (Separate form should be used for separate years) within 14 days from the date of examination.*
- *Scanned application along with the medical certificate is accepted only on any unexpectable circumstances (Trade Union Actions, COVID-19, closure of university etc.) through [ar@agri.rjt.ac.lk](mailto:ar@agri.rjt.ac.lk) within 14 days from the date of examination and simultaneously post the originals to reach Assistant Registrar, Faculty of Agriculture, Rajarata University of Sri Lanka, Puliyankulama, Anuradhapura.*