

Medical Application

- 01. Name :Mr/Miss.....
- 02. Address :.....
- 03. Registration No :..... Academic Year:.....
- 04. Semester :First/Second
- 05. Purpose for which the Medical Certificate is submitted:
[Postponement of Registration/Absence at the Examination/ Lectures/Practicals or any other (specify)]
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06. If for absence at the examination indicate the following accurately

Course Unit No	Course Unit Description	Exam date
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- 07. Valid duration of the Medical Certificate: from..... to
- 08. Ailment:
- 09. Date of the submission of the Medical Certificate to the Dean's office:.....
- 10. Signature of the Applicant:.....

For office use only

Medical Officer's recommendation:
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Date Medical Officer

Decision of the Faculty Board
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Date:..... AR/Faculty of Applied Science