

REQUEST FORM FOR MEDICAL APPROVAL – EXAMS / ASSIGNMENTS

1. Student's Name :
2. Registration No. & Intake :
3. Student's Email Address :
4. Student's Mobile Number :
5. Reference No (Please contact UMO, KDU to obtain a reference number) :
(Contact Number: 0710219335)

6. **Details of Medical Certificate**

- a. Medical Certificate No:
- b. Type : Government / Private / Ayurvedic / Other
- c. Address & Contact details of the Medical Centre (If not Government):
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- d. Period : From:/...../20..... To:/...../20.....
- e. Number of Days :

7. **Details of Absent Dates**

Absent Date/s	Semester	Name of the Module/s	Absent for (Assessments /Exam) (Please Specify)	Attempt (Proper/Repeat/ Re-repeat)

I submitted the above Medical Certificate to the Faculty of on

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Student's Signature

8. **University Medical Officer,**
Forwarded the above Medical Certificate for your perusal and recommendation please.

Date:/...../.....

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Assistant Registrar

9. **FOR MEDICAL CENTRE USE ONLY**

UNIVERSITY MEDICAL OFFICER REPORT

a. Observations by the University Medical Officer

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b. Validity of the Medical Certificate as per the By-Laws of the KDU

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c. Other recommendations / observations.

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Date:/...../20.....

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University Medical Officer
Signature & Rubber Stamp

10. **FOR OFFICE USE ONLY**

Approval of the Faculty Board	Date	Action Taken	Date	Signature