STRUCTURE OF THE COVERING LETTER OF MEDICAL CERTIFICATE

Name of the Student

Your Intake

Faculty of Medicine

General Sir John Kotelawala Defence University

Kandawala Estate

Ratmalana

Date

The Dean - Faculty of Medicine

Through Head of the Department

Clinical Sciences

Para Clinical Sciences

Please only mention your

respective departments

Pre-Clinical Sciences

Through

Assistant Registrar - FOM

Dear Sir/ Madam,

SUBMITTING THE MEDICAL CERTIFICATE (PLEASE MENTION YOUR INTAKE AND REGISTRATION OR SERVICE NUMBER)

Body of the Letter

End of the Letter

Your Signature

Your Name

Registration Number or Service Number

Intake

Contact Number

Email Address