

Name:.....

Intake:.....

Department of .....

Faculty of Medicine, KDU

...../...../.....

The Vice Chancellor, KDU

Through: Deputy Vice Chancellor (Defence & Administration)

Through: Deputy Vice Chancellor (Academic)

Through: The Dean - FDSS

Through: Squadron Commander - Intake .....

Through: The Dean - Faculty of Medicine

Through: Head of the Department - Department of .....

Through: Assistant Registrar - FOM

Dear Sir/ Madam,

**PROPHYLAXIS TREATMENT DETAILS FOR MALARIA**

I ..... have the honour to inform you that I will be away from the Kotelawala Defence University from.....to.....to visit .....

I would like to assure you that ..... is a malaria free country. Therefore, I will not be requiring any such treatment for my overseas leave.

Forwarded for your kind consideration and approval please.

Yours sincerely,

.....

Name :

Registration Number :

Contact Number :