**Submission of Medical Certificates for Absence of Examination**

**Faculty of Management Studies**

1. Period of Examination: …..……………………………………………………………………………………………………………….
2. Examination: Year …………………………………………..Semester……………………............................................................

1. Name with Initials: Mr. / Miss./Mrs.……………………………………………………………………………………………………………….
2. Department: ……………………………………………………………………………………………………………………………………….
3. Registration No: …………………………………………….. Index No: EB………………………………………………………………….
4. Telephone/Mobile Number ……………………………………………………………………………………………………………………..

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| **No** | **Date of the Examination** | **Subject** | **Code of the Subject** | **Type of Medical Certificate** (See Code \*) | **No of Attempts (State whether it is 1st 2nd or 3rd** |
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University Medical (SUM) \*Government Hospital Medical (GHM) \*Private Medical (PM)

I hereby submit the medical certificate to approve my absence for the above examinations.

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Student's signature Date