

Serial No:

Form: AC01

**Application for Academic concession for Examinations (on Medical grounds)**

Duly filled application together with the relevant supporting documents has to be forwarded by the student/guardian within 30 days from the last date of the examination for which Academic Concession is requested to [sar-exams@uom.lk](mailto:sar-exams@uom.lk)

1.	Full Name	Amarakoon Mudiyangelage Dona Anjalee Prabodha Amarakoon.									
2.	Name with Initials	A.M.D.A.P. Amarakoon									
3.	Registration No.	2250056									
4.	Address	Delwala, Ratnapura.									
5.	Contact No.	071-3696281									
6.	Email Address										
7.	Faculty	Engineering		Architecture		Information Technology	<input checked="" type="checkbox"/>	Business		Medicine	
8.	Department	Department of Interdisciplinary Studies									
9.	Name of the Examinations	BSc. Information Technology & Management (Ex: Bsc. Engineering)									
10.	Level	01	Semester	02	Year	1	Term	2			
11.	Modules for which Academic Concession is requested										
	No	Module Code	Module Name						Date of the Exam		
	i.	CM1131	Elements of Probability and Statistics						16/08/2024		
	ii.										
	iii.										
	iv.										
	v.										
	vi.										
	vii.										
	viii.										
12.	Reason/s for requesting Academic concession		Medical emergency due to viral flu.								
13.	Have you or your Guardian informed the SAR/E&R of your inability to sit examinations stated in "11" above?						Yes	<input checked="" type="checkbox"/>	No		
14.	I have attached hereto relevant proof/evidence in support of my affirmative claim ("Yes") indicated in "13" above.						Yes	<input checked="" type="checkbox"/>	No		
15.	I have attached the following documents in support of the reason/s indicated in "13" above as marked below. (Place a "✓" mark for supporting documents submitted with this application.)										
	i.	Medical Certificate (Please refer session 15.1.1.2 of By-Law 15.1 attached herewith)								<input checked="" type="checkbox"/>	
	ii.	Prescriptions, Diagnosis Card, etc.								<input checked="" type="checkbox"/>	
	iii.	Receipt of payment for the medical certificate (For government medicals only)								<input checked="" type="checkbox"/>	
	Any other relevant documents										
	iv.										
	v.										
16.	Have you obtained Academic concession at previous examinations						Yes		No	<input checked="" type="checkbox"/>	
	If "Yes", provide the following information.										
	Level/Semester/Year/Term						Module Code				

17.	Information and particulars provided above by me are true and correct to the best of my knowledge and herewith I request to consider granting Academic Concession for the modules indicated in "11" above.														
	Signature of the Student ..... <i>[Signature]</i> .....		Date <u>19/08/2024</u>												
18.	The information and particulars provided in 1,2,3,4,7,8,9,10,11,13,15 and 16 are correct as per the records of the Examination Division.														
	Deputy Registrar/Examinations & Registration		Date .....												
19.	Head/Dept. of ..... Forwarded for your recommendations and observations. DR/E&R ..... Date .....														
20.	Dean/Faculty of ..... Request for Concession is recommended / not recommended. Examination for the following module/s did not have written examination component and was/were held on dates as indicated below. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 10%;">No.</th> <th style="width: 15%;">Code</th> <th style="width: 50%;">Name</th> <th style="width: 25%;">Date of Exam</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> Observations and Recommendations ..... Head/Dept. of ..... Date .....			No.	Code	Name	Date of Exam								
No.	Code	Name	Date of Exam												
21.	Chairperson/Senate Sub-Committee on Student Appeals (Medicals) [SSCSA(M)] Request for Academic Concession is recommended/not recommended. Dean/Faculty of ..... Date .....														
22.	Deputy Registrar/Academic & Publications The [SSCSA(M)] at its meeting held on ..... recommended concession for module ..... /did not recommend concession for modules ..... due to ..... Forwarded for submitting the recommendation/decision to the approval of the Senate. Chairperson/ [SSCSA(M)] ..... Date .....														
23.	Deputy Registrar/Examinations & Registration The Senate at its ..... Meeting held on ..... Approved/did not approve the request for concession. Deputy Registrar/Academic & Publications ..... Date .....														

# KATUBEDDA MEDICAL CENTRE

86/7, Bandaranayake Mawatha,  
Katubedda.  
Moratuwa.

Date: 15-08-2029

Reg. No. W/H/4555

## MEDICAL CERTIFICATE

Name of Patient: Ms. A. M. D. A. P. Amarakoon

Address: .....

Place of work: University of Moratuwa

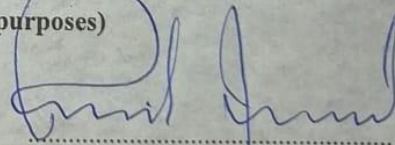
Diagnosis: viral fever

Recommend medical leave for: Two (02) days

from 15-08-2029 to 16-08-2029

(This is not valid for judicial purposes)

DR. I.R.D.J. FERNANDO  
MD (HUN) SLMC Reg.No. 14879  
MEDICAL OFFICER  
CARDIO - THORACIC UNIT  
N.H.S.L. - COLOMBO - 10



Medical Officer

# KATUBEDDA MEDICAL CENTRE

Reg. No. W/H/4555

86/7, Bandaranayake Mawatha,  
Katubedda.

Date : 15.08.2024

Mrs. A.M.D.A.P. Amarakuru 22y

M  
Paracetamol 1g 8m  
- Chlorpheniramine 4m 4  
- Dexamethasone 0.5, 8m

DR. I.R.D.J. FERNANDO  
MD (HUN) SLMC Reg.No. 14879  
MEDICAL OFFICER  
CARDIO - THORACIC UNIT  
N.H.S.L. - COLOMBO - 10

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## Request for Excuse from B22-S2-CM... x



[amarakoonamdap.22@uom.lk](mailto:amarakoonamdap.22@uom.lk) (August 16, ...)

To: sar-exams@uom.lk, priyangad@uom.lk

CC: dilumikan@uom.lk

Dear Sir/ madam,

I hope this message finds you well.

I am A.M.D.A.P.Amarakoon (Registration No: 225005G) from ITM. Unfortunately, I was unable to attend the B22-S2-CM1131- Elements of Probability & Statistics exam due to a sudden illness. I caught the viral flu spreading these days and was not in a position to sit for the exam today.

I understand the importance of the examination, and I sincerely apologize for not being able to participate. I am in the process of obtaining a medical certificate to verify my condition and will also complete the required application form to formally request an excuse for my absence.

Please let me know if there are any additional steps I need to take or if any further documentation is required.

Thank you for your understanding and consideration.

Best regards,  
A.M.D.A.P.Amarakoon  
Registration No: 225005G

