

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

1.	Full Name		Senanayakdage Don Avishka Madaranga Senanayaka.				
2.	Name with Initials		S.D.A.M. Senanayaka				
3.	Registration No.		225539V				
4.	Address		NO.32, Track 04, Senapura.				
5.	Contact No.		071 8735618				
6.	Email Address		senanayakasdam.22@uom.lk				
7.	Faculty		Engineering	Architecture	Information Technology	Business	Medicine
8.	Department		Computational Mathematics.				
9.	Name of the Examinations		Bsc. hons in Artificial Intelligence. (Ex: Bsc. Engineering)				
10.	Level	02	Semester	02	Year	2025	Term
11.	Modules for which Academic Concession is requested						
	No	Module Code	Module Name			Date of the Exam	
	i.	IN2401	Database Management System.			2025/07/07	
	ii.						
	iii.						
	iv.						
	v.						
	vi.						
	vii.						
	viii.						
12.	Reason/s for requesting Academic concession		on medical grounds.				
13.	Have you or your Guardian informed the SAR/E&R of your inability to sit examinations stated in "11" above?					Yes	✓
14.	I have attached hereto relevant proof/evidence in support of my affirmative claim ("Yes") indicated in "13" above.					Yes	✓
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)					✓
	ii.	Prescriptions, Diagnosis Card, etc.					
	iii.	Receipt of payment for the medical certificate (For government medicals only)					
	Any other relevant documents						
	iv.						
	v.						
16.	Have you obtained Academic concession at previous examinations					Yes	✗
	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 hereby request to consider granting Academic Concession for the modules indicated in "11" above.

Signature of the Student Date 21/07/2025

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.

No.	Code	Name	Date of Exam

Observations and Recommendations

Head/Dept. of Date

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

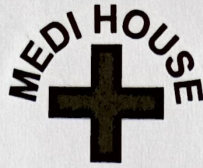
Forwarded for submitting the recommendation/decision to the approval of the Senate.

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



MEDICAL CENTRE & LABORATORY SERVICE

HORANA ROAD
BANDARAGAMA
0777 550 606

Dr. Dhammika Alahapperuma
MBBS (SL) - R. No. 14672

Dr. (Mrs.) Champika Walpola
MBBS (SL) - R. No. 16386

PHSRC / PGP / 1395

Date : 10/07/2025

Name of the patient : S.D.A.m. Senanayake

Age : 24 Yrs

△ Chirkeengunya

Recommended 5 days medical

leave starting from 06/07/2025
to 10/07/2025

Dr. Champika Walpola
MBBS SLMC Reg. No. 16386


Signature