

FAC/Noted

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Form UGS2.2011
(updated 12 August 2016)

APPLICATION FOR LEAVE

NOTE:

1. Please attach supporting documents for your application.
2. Leave will not be granted during the examination periods. If the student is unable to sit for examinations due to medical reasons he/she should apply to the SAR/ Examinations on the form available at the Examinations Division.

1. STUDENT DETAILS																
1.1. Name	Ovini Wathma Withanachchi															
1.2. Reg No	1	6	1	4	4	3	A	1.3. Tel No	0718555510							
1.4. E-Mail	ovini4@gmail.com															
1.5. Course (tick/circle appropriate)	BSc Engineering BM CH CE CS ER EE EN MT ME TT MPR BSc Transport & Logistics Management ✓ BDes Fashion Design & Product Development															
1.6. Current Registration	BSc Engineering/ BSc TLM		S1	S2	S3	S4	S5	Ind. Trng.	S6	S7	S8	Other				
	BDes FD&PD		Year 1		Year 2		Year 3		Year 4		Other					
2. LEAVE DETAILS																
2.1. Type of Leave (Tick appropriate)	<input checked="" type="checkbox"/> 1. Leave on Medical/ Compassionate/Official Representation Grounds <input type="checkbox"/> 2. Leave for Long Duration (maximum one academic year) <input type="checkbox"/> 3. Leave for Short Duration (maximum 15 working days per semester for BSc Eng or BSc TLM; maximum 12 working days per term for BDes)															
2.2. Reasons for Leave	Viral Fever															
2.3. Duration	Start Date (ddmmyy)	End Date (ddmmyy)	Local/ Overseas	No of Working Days				No of Holidays/ Vacation Days								
	30.08.2018	06.09.2018	Local	07												
3. DECLARATION BY STUDENT																
I hereby certify that 1. I have reviewed my application and everything stated is true and correct to the best of my knowledge 2. I understand, accept and agree that it is my responsibility to cover any academic activities missed during my period of leave.																
Signature	Ovini Wathma Withanachchi							Date	1	3	0	9	2	0	1	8
4. CERTIFICATION & RECOMMENDATIONS																
4.1. Certification by relevant authorized person (for leave for official events only)																
Recommended/ Not Recommended (please state reasons)																
Signature & Seal								Date								
4.2. Recommendation by Semester Coordinator/Year Coordinator																
Recommended/ Not Recommended (please state reasons)		Recommended														
Signature		V. Adhikari						Date 21/09/2018								
4.3. Recommendation by Head of Department																
Recommended/ Not Recommended (please state reasons)																
Signature & Seal		[Signature]						Date 21 09 2018								
4.4. Certification by FAC Representative																
Signature								Date								
4.5. Recommendation by Director/ Industrial Training (for leave requested during the industrial training placement)																
Recommended/ Not Recommended (please state reasons)																
Signature & Seal								Date								

UG DIVISION USE ONLY

Submitted to FAC / Returned to the Student/ Returned to the Department on

Undergraduate Studies Division

Faculty of Engineering
University of Moratuwa

13/47, Gurugama,
Mawittara,
Piliyandala.
06.09.2018

Mr. Varuna Adikariwattage,
Level Co-ordinator / Level 02,
Department of Transport & Logistics Management,
University of Moratuwa,
Katubedda,

Dear Sir,

Submitting the Medical Certificate

I, Oxini Wathma Withanachchi (Index No. 161443A) was unable to attend to the lectures from the 30th of August to 6th of September as I was suffering from Viral Fever.

I hereby attach the medical certificate issued by my doctor.

I kindly request you to consider this medical certificate and excuse my absence on the above mentioned dates.

Thank you.

Yours faithfully,

Oxini Wathma Withanachchi

O.W. Withanachchi

(161443A)

Accepted

V. Adikariwattage

DISPENSARY AND SURGERY
NO 63, HORANA ROAD, KESBEWA. PILIYANDALA
Contact: 0113108764, 0773049766

DR LASANTHA PATHIRAGE
MBBS(SL)
Medical Officer
Reg No: 24349

MEDICAL CERTIFICATE

Name of the patient : Miss OVINI WITHANACHI

Age : 22 Yrs

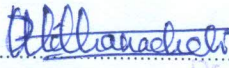
Address : 13/47 , GURUGAMA, MAVITHTHARA,
PILIYANDALA

Occupation : STUDENT

Diagnosis : VIRAL FEVER

To relavent authorities,

I here by certify that particulars stated above are true and that She is under my
treatment. I recomended her 7 days leave from 2018-08-30.


Patient's Signature

DR LASANTHA PATHIRAGE
M.B.B.S. (Sri Lanka)
S.L.M.C. Reg. No. 24349
NTMI/LV/CO/MO/0013
63, Horana Road, Kesbewa.


DR LASANTHA PATHIRAGE
MBBS(SL)

Date: 2018-09-06

accepted
