

## APPLICATION FOR LEAVE

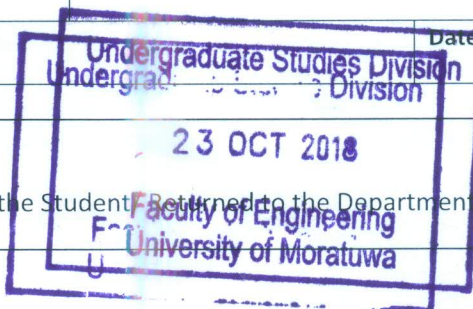
### NOTE:

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.

<b>1. STUDENT DETAILS</b>																								
1.1. Name	P.K. Prasad Viduranga.																							
1.2. Reg No	1	4	0	6	3	8	B	1.3. Tel No	071-5190065															
1.4. E-Mail																								
1.5. Course (tick/circle appropriate)	<input checked="" type="checkbox"/>	BSc Engineering	<input checked="" type="checkbox"/>	BM	<input type="checkbox"/>	CH	<input type="checkbox"/>	CE	<input type="checkbox"/>	CS	<input type="checkbox"/>	ER	<input type="checkbox"/>	EE	<input type="checkbox"/>	EN	<input type="checkbox"/>	MT	<input checked="" type="checkbox"/>	ME	<input type="checkbox"/>	TT	<input type="checkbox"/>	MPR
	BSc Transport & Logistics Management																							
	BDes Fashion Design & Product Development																							
1.6. Current Registration	BSc Engineering/ BSc TLM				<input type="checkbox"/>	S1	<input type="checkbox"/>	S2	<input type="checkbox"/>	S3	<input type="checkbox"/>	S4	<input type="checkbox"/>	S5	Ind. Trng.	<input type="checkbox"/>	S6	<input type="checkbox"/>	S7	<input checked="" type="checkbox"/>	S8	Other		
	BDes FD&PD				Year 1			Year 2			Year 3			Year 4			Other							
<b>2. LEAVE DETAILS</b>																								
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																								
2.3. Duration	Start Date (ddmmyy)	End Date (ddmmyy)	Local/ Overseas	No of Working Days				No of Holidays/ Vacation Days																
	28/10/2018	11/11/2018	Local	10 days				4 days																
<b>3. DECLARATION BY STUDENT</b>																								
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												Date		19/10/2018										
<b>4. CERTIFICATION &amp; RECOMMENDATIONS</b>																								
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)		I've seen the medical reports. He has to undergo iodine therapy																						
Signature												Date		22/10/2018										
4.3. Recommendation by Head of Department																								
Recommended/ Not Recommended (please state reasons)																								
Signature & Seal												Date		22/10/2018										
4.4. Certification by FAC Representative																								
Signature												Date		23/10/2018										
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 .....





විකිරණශීලී අයඩින් ප්‍රතිකාරය සඳහා තාවකාලික දිනය

නම : ..... P. R. ඉක්කන් 53600 ..... සායන අංකය : ..... 13598/17.....

2018 -09 -28 වන දින සිට තයිරොක්සින් නතර කරන්න.

2018 -10 -28 දින පෙ.ව 8.30 ට වාට්ටු අංක 05 හි නතර වීම සඳහා කාමර අංක 12 ට පැමිණෙන්න.

මෙම දිනය මධ්‍යේ ප්‍රතිකාරය සඳහා වන තාවකාලික දිනයක් වන අතර තයිරොක්සින් නතර කිරීමට පෙර දිනය තහවුරු කර ගන්න.

වෛද්‍ය භෞතික විද්‍යාඥ - විකිරණශීලී අයඩින් ප්‍රතිකාර අංශය (කාමර අංක 12)

ජාතික පිළිකාකෘතිය- මහරගම.

දුරකථන අංකය 0112850253 දිගුව 253

01/12/18

Py L  
(75-2018)

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Dr. P. R. I.

Dr. Lakshman Ob  
MBBS MD  
Consultant Onc.  
National Cancer Hospital  
Maharagama  
Sri Lanka.



