

# Certification from Medical Practitioner (Form M1)

**Confidential**

Patient Name: \_\_\_\_\_

Patient NIC / Passport No: \_\_\_\_\_

Guardian Name *(in case of a minor)*: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Specialisation (if applicable): \_\_\_\_\_

Name of Hospital / Medical Institution: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Recommendation / observation (please select ONLY one):

- The patient is medically fit to engage in studies.
- The patient requires a break from studies for a period of \_\_\_\_\_ weeks / months.
- The patient is medically unfit to engage in studies.

I hereby confirm the above diagnosis and recommendation based on medical findings, and also confirm that this patient has received medical care under me.

Date: \_\_\_\_\_ (dd/mm/yyyy)

SLMC Registration No: \_\_\_\_\_

Signature: \_\_\_\_\_

Official Seal / Stamp:



**Important Notes:**

Student / Customer should submit this document together with the refund request letter.