



The Maldives National University
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بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާ ގުޅިގެން
 ސޯލަސްކަލިގެ ޕްރޮގްރާމްގެ ދަށުން
 ފޯމް: 3345155 ފެކްސް: 3315411
 ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާ ގުޅިގެން

MR - 01

Student Medical Report Form

Your Personal Details (to be filled in by the student)

އިތުރު ފޯމްތަކުގެ ޖަހާލުމަށް ފަސޭހަވާ ލިބޭނެ ގޮތުގައި ފުރިހަމަކުރުމަށް ފަސޭހަވާ ލިބޭނެ ގޮތުގައި

Full Name and Address

Student Number National ID Card No

Present Contact Address

Contact Phone Numbers

Medical Report (to be filled in by the medical practitioner)

ޕްރެކްޓިޝަނަރުގެ ފަރާތުން ފުރިހަމަކުރުމަށް ފަސޭހަވާ ލިބޭނެ ގޮތުގައި

Date(s) of relevant medical examination(s)

Nature of illness or incapacity

Medical Opinion

މަޢުލޫމާތު ފޯމްތަކުގެ ޖަހާލުމަށް ފަސޭހަވާ ލިބޭނެ ގޮތުގައި

In my opinion the conditions will result in

Tick as appropriate

Preparation for examination impaired from Start Date End Date

The student is/was unfit to take examinations on (Date)

The student is fit to take examinations on (Date)

I declare that the information I have provided above is true to the best of my knowledge.

Full Name

Address

Contact Phone Numbers

Stamp Doctor's Signature Date

Examinations for Deferment/Special Consideration (to be filled in by student)

قائمة الامتحانات التي سيتم تأجيلها

Course Name الاسم
 Faculty/Centre الكلية / المركز Course Code الرمز

الامتحانات التي سيتم تأجيلها على أساس التقرير الطبي

Examination(s) for deferment on the basis of the Medical Report

Office use only

Subject code	Subject title	Paper no.	Scheduled date	Scheduled time	Deferment approved

Subject/Course coordinator's signature

التوقيع

Student's Declaration

إقرار الطالب

أقر بأن جميع المعلومات الواردة في هذا النموذج صحيحة وصادقة بقدر معرفتي.

I declare that all the information given in this form is accurate and true to the best of my knowledge.

Date

التاريخ

Signature

التوقيع

ACTION COMPLETED – OFFICE USE ONLY

Received by: Date: Request approved by:

Note: A copy of this form should be retained by the staff responsible for coordinating the subject/course.

Student Medical Report

(Excerpted from Examination Rules)

- 9.3
- (a) Any candidate who is prevented for medical reasons from attending an examination or any part of an examination or performing without impairment should submit to the Dean, no later than two days following the day of his/her examination (unless there are specific circumstances which warrant an extension of this period) a medical report showing his/her inability to take or complete the examination at the prescribed time.
 - (b) The medical report must cover the relevant period or the consultation must have taken place within a 24 hour period either side of the examination.
 - (c) The medical report must be on the form attached to these rules as Appendix 1. The general medical certificates issued by hospitals, clinics or such other institutions are *not* acceptable.