Medical Application

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02. Address:			
03. Registration No:			*******************************
04. Semester: First/Secon	nd Academic Year:	••••••	
05. Purpose for which the	Medical Certificate is submitted		
[Postponement of Reg	gistration/ Absence at the Exami	nation/ Practicals or any othe	er (specify)]
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06. If for absence at the ex	xamination indicate the following	g accurately	
Course Unit No	Course Unit Description		Exam Date
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	the Medical Certificate to the Dea	an's office:	
	For office	e use only	
lical Officer's recommendat	tion:		
2:			
		Medical Of	
sion of the Faculty Board			
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		AR/Faculty of Te	echnology