**University of Moratuwa**

**Application for the Medical Checkup Scheme for permanent Employee**

1. Name:……………………………………………………………………………………………………

To be fill by the applicant and hand over to SAR/ Est (Academic) or AR/Est (Non-Academic)

1. Designation:……………………………………………………………………………………………..

3. National / University ID No.:……………………………………………………………………………

4. Division:…………………………………………………………………………………………………

5. Date of Birth:…………………………………………Age :……………………………………………

6. Permanent Address :……………………………………………………………………………….........

7. Date of Appointment :…………………………………………………………………………………..

8. Period of Service:……………………………………………………………………………………….

9. Marital Status:…………………………………………………………………………………….........

I would like to inform you that I agree to attend the medical check-up at ………………………………… hospital by paying Rs…………. to the University on or before the schedule date and I agree to submit

the receipt to the Welfare Division and collect the Letter of referral. Furthermore I agree to attend the

medical check-up during the given period.

………………………. …………………………………

Date Signature

To be certified SAR/ Est. (Academic) or AR/Est (Non-Academic)

and sent to U.M.O.

University Medical Officer

I certify that information provided under 1-9 above are correct.

……………………….…... .……………………………….

Date Senior Assistant Registrar

(Establishment)

**(Applicable only for the 1st time applicants)**

Tle U.M.O. and sent to SAR

To be filled by the U.M.O. and sent to SAR/

Welfare

Senior Assistant Registrar (Welfare)

I recommend/ do not recommend …………………………………………… for the medical check-up

I recommend/ do not recommend the grant of priority.

Reason for the granting priority ……………………………………………………………..

……………………….… …………..........................................

Date Medical officer University of Moratuwa

Mr./Mrs./Miss ……………………………. Department / Division ……………………………….

Office Use only

Office Use

You are eligible to attend the medical check-up in the month of ……………… at the ……………………… hospital. Please pay Rs. …………………. to University shroff and collect letter referral on or before …………………………… from the Welfare Division by submitting the receipt.

……………………….… …………..........................................

Date Senior Assistant Registrar

(Welfare Division)