



Health Declaration Form - COVID-19  
Postgraduate Degree Programme

Certified by PHI / Grama Niladhari

**To be filled by the student**

<b>Name with Initials</b>		<b>Registration number</b>	
<b>Index No.</b>			
<b>Contact Tel. No.</b>		<b>Email</b>	
<b>Address</b>			

Students will not be allowed to sit for the Masters Semester Examinations if he/she is currently under quarantine or living in an isolated/locked down area under the quarantine law for Covid-19 pandemic.

**Declaration by the PHI/Grama Niladhari**

I ensure that the above mentioned student is not currently under quarantine or not a resident of an isolated / locked down area under the Quarantine Law for Covid – 19 pandemic.

ඉහත සඳහන් ශිෂ්‍යයා දැනට නිරෝධායනය යටතේ නොසිටින බව හෝ කොවිඩ් - 19 වසංගතය සඳහා නිරෝධායන නීතිය යටතේ හුදෙකලා / අගුලු දමා ඇති ප්‍රදේශයක පදිංචිකරුවෙකු නොවන බවට මම සහතික වෙමි.

මேற்கூறிய மாணவர் தற்போது தனிமைப்படுத்தலின் கீழ் இல்லை அல்லது கோவிட் - 19 தொற்றுநோய்க்கான தனிமைப்படுத்தப்பட்ட சட்டத்தின் கீழ் தனிமைப்படுத்தப்பட்ட / பூட்டப்பட்ட பகுதியில் வசிப்பவர் அல்ல என்பதை நான் உறுதி செய்கிறேன்.

<b>Name of the PHI/Grama Niladhari</b>			
<b>Signature</b>		<b>Date</b>	
<b>Official Seal</b>			