



CEYLON MEDICAL COLLEGE COUNCIL, SRI LANKA

EXTERNAL PHARMACISTS' EXAMINATION – August 2025

Signature Form

FULL NAME OF CANDIDATE :

INDEX NUMBER :

EXAMINATION CENTER :

General Conditions;

1. No Candidate will be admitted to the Examination Hall without the NATIONAL IDENTITY CARD and the SIGNATURE FORM.
2. All specimen signatures must be clearly written in ink.
3. Candidates should adhere to the Rules of Examinations given in Part I of the Examination Procedure, and in case the Supervisor is satisfied beyond a reasonable doubt that a candidate has committed an examination offence, he/she should furnish a written statement on the offence committed when requested by the Supervisor.

Declaration by the Candidate;

I agree to abide by the Rules of Examinations given in Part I of the Examination Procedure. I have also noted punishments for examination offences given in Part II of the Examination Procedure.

.....
Date

.....
Signature of Candidate
N.I.C.No.

Attestation (* A list of persons eligible for attestation is given below)

I certify that the above-named candidate, who is known to me personally, placed his/her signature above in my presence today.

.....
Name of Attester

.....
Signature of Attester

.....
Place official seal here

.....
Date

*(Head/Director or Retired Head/Director of a Government Managed approved school, Grama Niladhari of the Division, Justice of Peace, Commissioner of Oaths, Attorney at Law, Notary Public, Commissioned Officer of the armed forces, Staff Officer of Govt./Corporation, the Chief Incumbent of a Buddhist Vihara, A religious Dignitary of standing of any other religion).

The candidate will hand over the Signature Form to the supervisor on the date of the Examination.

DATE	SUBJECT	TIME	SIGNATURE		
			CANDIDATE	INVIGILATOR	SUPERVISOR
09.08.2025	Written Paper	9.00 am – 12.00 noon			
	Practical				
	Viva voce				