**To be filled by all internal examiners**

Form:

Faculty of Medicine, University of Ruhuna

**Conflicts of Interest and Confidentiality Declaration Form**

 **Internal examiners**

1. I Prof/Dr./Mr./Miss/Mrs./Ms…………………………………………………………………………(Name) appointed by the Faculty of Medicine, University of Ruhuna as an examiner in ....................................................................................................................................................(Subject and component/s) of the 2nd MBBS / 3rd MBBS / Final MBBS examination (delete the irrelevant words) which will be held in …………………………………………………………. (Month and year), hereby declare that I will abide by the rules and regulations set out by the Senate of the University of Ruhuna with respect to the examination.

2. I confirm that I shall maintain strict confidentiality of proceedings/discussions taking place at Departmental Scrutiny Boards, Scrutiny Boards, setting up of practicals (OSPE & OSCE), selection of patients, preparing histories of patients, clinical examiners' meetings, Pre-results board meeting and Results Board meeting even after the results are released.

3. I confirm that I do not have any conflict of interest in functioning as an examiner and that if I come to know at any point of time of any conflict of interest, I will bring it to the attention of the Dean and the Senior Assistant Registrar and withdraw from the examination process.

4. I declare that I have the following conflicts of interest in functioning as an examiner:

* 1. Close relative (spouse, siblings and children) appearing for the examination

4.2 Close personal association with a candidate (e.g. candidate boarded in the examiners house or vice versa)

* 1. Any other conflict (please specify)

*While certain conflicts of interest will prohibit a person from functioning as an examiner (e.g. son or daughter being a candidate), in certain other instances alternate arrangements can be made depending on the circumstance/s while remaining as an examiner (with the recommendation of the Chief Examiner and the Faculty Board).*

5. I declare that I have a conflict of interest in functioning as an examiner and will be refraining from being an examiner.

**(Delete 3, 4, 5 above as appropriate)**

Name of the Examiner……………………………………………………………. Signature………………………….

 Date………………………………….

Seal of the Senior Assistant Registrar: Signature………………………….

(Faculty of Medicine) Date………………………………….

Please send the signed document to the Senior Assistant Registrar of the Faculty of Medicine. If the Senior Assistant Registrar does not receive the signed document before the commencement of the examination it will be considered as you do not have any conflict of interest in functioning as an examiner for examination regulation purposes.

Conflicts of Interest and Confidentiality Declaration Form for internal examiners was recommended by the IQAC on 26th May 2022 and approved at the 394th Faculty Board held on 15th June 2022.