# Faculty LOGO

**Department of ……………………**

**Faculty of Medicine, University of Ruhuna**

 **Conflicts of Interest and Confidentiality Declaration Form**

**External examiners**

I (Prof/ Dr/ Mr/ Ms) …………………………………………………………………………………………………………………….

work in …………………………………………………………. as a ………………………………………….. declare that, I as an external examiner do not have any of the following relationships with the candidates who are sitting for the 2nd MBBS/ 3rd MBBS part I/ 3rd MBBS part II/ Final MBBS examination which will be held on ……………………………………………….

1. Immediate Family member (spouse, siblings and children)
2. Personal friend
3. Any other close relationship

In the event that I am made aware of such a relationship during the course of the examination I shall immediately inform and withdraw from my position in that component of the examination.

**Declaration**

I hereby declare on my honor that the disclosed information is true and complete to the best of my knowledge. Should there be any change to the above information, I will promptly notify Head of the department / senior assistant registrar and completion new declaration of interest form that describe the changes.

Signature ………………………………………………

Designation ………………………………………………

Date ………………………………………………

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