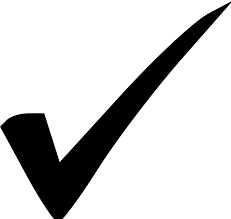
**FACULTY OF MEDICAL SCIENCES**

**UNIVERSITY OF SRI JAYEWARDENEPURA**

**Department of ……………………………………. - Departmental Meeting Minutes**

Date: ……………………... Time: ……………... Venue: ……………….

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| **Name** | **Year 20..** | | | | | | | | | | | | |
| **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **% Attendance** |
| **Academic staff** |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Non-academic staff** |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Student representatives** |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**-Present Z- via Zoom X -Absent Ex- Excused OL- On leave**

**Part I**

1. **Confirmation of the minutes:**
2. **Matters arising from previous minutes:**
3. **Learning & education**
   1. **Curriculum –**

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* 1. **Lectures and Practical classes**

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* 1. **Time table**

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* 1. **Exams:**

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1. **Research & Development:**

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1. **People:** 
   1. **Academic & Non Academic works:**

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* 1. **Academic & Non Academic leave:**

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1. **Infrastructure:** Organizational structures, Resource Administration & Development

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1. **Quality Assurance:**

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1. **Outstanding student experience:**

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1. **Any other matters**

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**Part II**

**1) Confirmation of the minutes:**

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**2) Matters arising from previous minutes:**

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**3) Exams:**

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**3) Any other matters**

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The meeting adjourned at -------

Signature:………………………

Name:……………………………….

Head, Dept. of ……………...