Medical Leave Form For Students

Name
Roll No.
Course
Year
Period of Leave From.....To.....
(Attach supporting Original Medical Certificate issued by treating Physician)
Number of Days (in figures and words).....
Diagnosis (Name of Illness) -.....
Annexure(s) { Viz. Tests, Doctor's Prescription, Discharge summary etc.}
1.
2.
3.

Dated- (Signature of the Student)

Phone No.....
E-Mail ID.....

For Office Use Only

- ❑ Medical Leaves Allowed.
  For Benefit Of ..... Lectures.
  (In Figure and Words)
- ❑ Medical Leaves Disallowed.

1
2
3.

Dated- (Signatures of Medical Committee)