

Application for Leave on Medical Grounds

1. Name: _____
2. Semester & Branch: _____
3. Enrolment No: _____
4. Dates for which leave is sought: From _____ to _____ (both days inclusive)
5. Total number of days: _____
6. Reason for absence: _____
7. Whether Medical and fitness certificate issued by doctor is attached: Yes/No
8. Is this application being submitted within three days of returning to College after illness: Y/N
9. If not, then reasons thereof: _____

Date of Application:

Signature of Parent /Guardian

Signature of Student

Certificate Endorsed By In-House Doctor

I, _____, student of Semester _____

Enrollment No. _____, was suffering from _____

The certificates of the doctor consulted are attached herewith. I request to grant the leave application and oblige.

Signature of In-House Doctor

In case a student remains absent for 3 consecutive days for medical or any other reason, he/she should send a mail to office@iitram.ac.in along with a copy to dean@iitram.ac.in.

Condonation **Approved/Not Approved**

Dean