Application for Leave on Medical Grounds

1. Name: __________________________ Class: __________________________
2. Whether Non-Resident/Resident (give Room No.) ________________________
3. Date of submission of this application: ________________________________
4. Dates for which leave is sought: From _________ to _________ (both days inclusive)
5. Total number of working 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 one week of returning to College after illness: Y/N
9. If not, then reasons thereof: _________________________________________

Details of classes missed: (attached an extra sheet if required)

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<th>Period</th>
<th>Name of paper*</th>
<th>Name of the Teacher</th>
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* Specify nature of the classes missed by suffixing L/T/P in brackets for Lecture/Tutorial/Practical

Signature of Parent
(Or Block Tutor/Dean in case of Resident scholars)

Signature of Scholar

IMPT: 1. Condonation of attendance may be granted in exceptional cases of serious illness or accident. Absence on account of minor ailments will not be considered.
2. In case this application is not submitted within seven working days of returning to College then the absence will only be noted and no condonation of attendance shall be granted in any case.
3. Prescription/Test Reports/Discharge Summary may be asked for, if required.

Condonation Allowed/Not Allowed

Principal