

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)

Date	Period	Name of paper*	Name of the Teacher

* 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