



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी  
INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI  
Medical Section  
Form - 9

**APPLICATION FOR REISSUE OF MEDICAL RECORD BOOK**  
**(TO BE SUBMITTED BY THE INSTITUTE STUDENT )**

I, Dr./Mr./Ms ..... Programme .....  
of Dept./Section/Centre/Cell..... want to inform you that, I/my dependent  
\_\_\_\_\_(Name of Dependent)\_\_\_\_\_(Relation) have lost my/his/her Medical Record Book and  
therefore kindly issue a new book with Book no.\_\_\_\_\_.

\_\_\_\_\_  
Signature of the Student

Date: \_\_\_\_\_

Roll\_No. \_\_\_\_\_

Dept./Section/Centre/Cell\_\_\_\_\_

**(FOR OFFICIAL USE)**

Dr./Mr./Ms..... dependent of Dr/Mr/Ms.....  
Programme ..... Dept./Section/Centre..... is  
issued a new medical record book on ..... as such, an amount of Rs. **250 /- / 750/-** is charged  
to his/her and the same may be collected at the registration of .....semester before leaving this Institute.

For approval please.

Jr./Sr. Assistant/Superintendent

HoS (MED.)

To,

**The Academic Registrar, IIT Guwahati**