

Form no.: UG/07

Application for (i) Medical Leave on the day of mid-sem/end-sem exam/quiz
(for students in BTech/BDes/MA/MSc) or (ii) for medical leave exceeding 5 consecutive working days during semester

(A) Part to be filled by the student DURING TREATMENT

Name of the student:

Roll No.

Programme, Branch/Department (e.g., BTech, CSE)

Signature of the student:

All other supporting documents must be attached. No of annexures:

Part to be filled by the Institute doctor DURING TREATMENT

Illness/nature of illness:

Date of visit to the Institute doctor:

Period of rest, if any (e.g. from Nov 1 to Nov 7, 2016):

I hereby certify that Mr./Ms. ----- has indeed been suffering from -----.

I further certify that his/her medical condition requires the period of rest mentioned above.

Signature of the Institute doctor:

Name of the Institute doctor:

Seal of the doctor:

(B) Part to be filled by the Institute doctor AFTER RECOVERY

Fitness Certificate: I certify that the student is fit to rejoin Institute's academic programme w.e.f.

Signature of the Institute doctor:

Seal:

Part to be filled by the Course Instructors:

We hereby certify that the student informed us about his/her medical condition by email/written application/phone before/at the beginning of the period of leave.

Course No:

Course No.

Name of the Instructor

Name of the Instructor

Signature of the Instructor:

Signature of the Instructor:

Course No:

Course No.

Name of the Instructor

Name of the Instructor

Signature of the Instructor:

Signature of the Instructor:

Course No:

Course No.

Name of the Instructor

Name of the Instructor

Signature of the Instructor:

Signature of the Instructor:

Signature of the concerned HoD:

Signature of DoAA/ADoAA (in case of period exceeding two weeks)