#



# 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**