

APPLICATION FOR MEDICAL LEAVE

NAME OF STUDENT	:			
COURSE (Eg: B. Com)	:			
CLASS (Eg: TYB.COM)	:		DIVISION	:
SAP NUMBER	:		ROLL NO.	:
PERIOD OF LEAVE <small>(Mention DD/MM/YYYY)</small>	:	FROM	TO	
NUMBER OF DAYS OF LEAVE <small>(As mentioned in Doctor's certificate)</small>	:			
MEDICAL CONDITION	:			
DETAILS OF MEDICAL CONDITION <small>(Use space at the bottom of page for any additional details)</small>	:			
NUMBER OF DAYS OF HOSPITALISATION <small>(Will be verified from hospital discharge sheet)</small>	:			
DETAILS OF DOCUMENTS ATTACHED	:	1		
	:	2		
	:	3		
	:	4		
DATE OF SUBMISSION OF APPLICATION	:			
NAME OF VICE PRINCIPAL	:			

I the undersigned hereby declare that all the details mentioned in this application is correct to the best of my knowledge. I understand that my leave application will be rejected if there is any discrepancy found in verification of the documents attached.

SIGNATURE OF STUDENT :

SIGNATURE OF PARENT: :

DATE :

PLACE :