**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**

1. **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:

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**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 theInstitute doctor:

Seal of the doctor:

1. **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:

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Signature of the Instructor: Signature of the Instructor:

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Signature of the concerned HoD:

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