



दीन दयाल उपाध्याय कॉलेज
DEEN DAYAL UPADHYAYA COLLEGE
 (दिल्ली विश्वविद्यालय) (UNIVERSITY OF DELHI)
 दिल्ली रा. रा. क्षेत्र सरकार द्वारा 100% वित्त पोषित, 100% funded by Govt. of NCT of Delhi
 सेक्टर - 3, द्वारका, नई दिल्ली Sector-3, Dwarka, New Delhi - 110078
 दूरभाष/Tel. 011- 41805580, 45051037, Website: <https://dducollegedu.ac.in>

For Office Use

Date _____

Diary No. _____

Application for Medical Leave

I _____ (Name) Student of _____ (name of the course), Semester _____ with College Roll No. _____ was suffering from _____ (name of the disease/ailment) and would like to apply for medical leave from _____ to _____ (.....No. of Days).

I am attaching the following documents in support for the above:

(Please v)

1. Original Medical/Fitness Certificate issued by a qualified Medical Practitioner with not less than MBBS degree having registration Number _____ or from a hospital ☐
 2. Self-Attested copy of Prescription of the Doctor ☐
 3. Self-Attested Copy of the Original Test Reports ☐
- I have/have not submitted any other application for medical leave in the current semester. (If submitted, please give its date).
 - I have informed all concerned teachers and Teacher-in-Charge via email about my medical leave from _____ to _____. (Attach Copy of Emails sent to your subject teachers and teacher-in-charge).

Signature of the Student: _____

Name of the Student : _____

Roll No. of the Student : _____

Application (with necessary documents and copy of emails) forwarded to the Admin Office

Signature of the Teacher-in-Charge

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Checked and verified the documents attached by the student and calculation of benefit based on the same is given below:

Actual Attendance	
Period of Absence	
Actual Days minus Closed Days	

The Above-mentioned information has been compiled in an EXCEL Sheet for the _____ (Month/YYYY) which shall be shared with the attendance committee in second week of every month.

Dealing Assistant

SO. (Admin)

Admin. Officer

Convenor Attendance Committee

Officiating Principal