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

No. 85 Dated: 27.08.2026

NOTICE

Notice: Attendance Concession Applications (Semesters I, III, V, VII)

Students seeking attendance concessions for the month of July and August 2026 due to medical reasons or Sports/ECA participation must submit their applications via the following link:

Google Form Link: https://forms.gle/XTpkRhXdqq45VrUg6

Applications in the prescribed proforma appended herewith for concession for the period w.e.f 28.07.2026 to 31.08.2026, should be submitted **latest by 10.08.2026**, through above link. After the scheduled date, the link will be closed. Request for late submissions will not be considered.

Applications submitted via the Google Form, link of which is given above, will only be accepted. **No hard copies** will be considered.

PRINCIPAL

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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 √)

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

For Office Use Only

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

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For Office Use
Date _____
Diary No.
_____

No Objection Certificate for Participation in Sports Activities

I _____ (Name) Student of _____ (name of the course), Semester _____ with College Roll No. _____ would like to participate in the Sports activity _____ (Name of the Activity and mention whether it is a Team or Solo) which is part of the Event _____ to be held at _____ (Name of the Institution and State). The Event is of _____level (Intercollege/University/National/International) Kindly grant me permission to attend the same from _____ to _____ (.....No. of Days).

Kindly consider it for attendance benefit.

Date : _____

Signature of the Student : _____

Name of the Student : _____

Roll No. of the Student : _____

Recommended By:

Name and Signature of Convenor-Sports Committee

Approved/Not Approved

(If the Application is approved then photocopy of the approval be provided to the Student and Original Application be kept in the Admin Office with concerned DA)

Principal

दीन दयाल उपाध्याय कॉलेज
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Application for Concession in Attendance on account of Participation in Sports Activities

I_____(Name) Student of _____ (name of the course), Semester _____ with College Roll No. _____ has participated and/or Won _____(I/ II/ III prize) in_____ (Name of the Activity and mention whether it is a Team or Solo) which is part of the Event _____ to be held at _____ (Name of the Institution and State). The Event is of _____level (Intercollege/University/National/International) held from _____ to _____ (.....No. of Days) for which I have taken prior permission from the college (Photocopy of the approval is attached)

N.B. If participated/won in more than one activity fill Annexure-1

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

(Please √)

1. Self-Attested Copy Certificate of Participation/Winning ☐
2. Application for seeking permission to participate ☐

Signature of the Student : _____

Name of the Student : _____

Roll No. of the Student : _____

Recommended By:

Name and Signature of the Convener-Sports Committee

For Office Use Only

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 Principal

Annexure -1

Proforma for Availing Concession in Attendance on account of Participation in Sports Activities

S.No.	Name of the Event/organized by/at which place	Level (intercollege, university, national, international)	Participation/ prize (mention I, II, III)	Dates (...to.....)

All Documents attached are verified and recommended By:

Name and Signature of the Convener Sports Committee

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For Office Use
Date _____
Diary No.
_____

No Objection Certificate for Participation in Extra-Curricular Activities

I_____ (Name) Student of _____ (name of the course), Semester _____ with College Roll No. _____ would like to participate in the activity _____ (Name of the Activity and mention whether it is a Team or Solo performance) which is part of the Event _____ to be held at _____ (Name of the Institution and State). The Event is of _____level (Intercollege/University/National/International) Kindly grant me permission to attend the same from _____ to _____ (.....No. of Days).

Kindly consider it for attendance benefit.

Date : _____

Signature of the Student : _____

Name of the Student : _____

Roll No. of the Student : _____

Name of the SAB Society : _____

Recommended By:

Name and Signature of the Convener of the SAB Society

Name and Signature of SAB Coordinator

Approved/Not Approved

(If the Application is approved then photocopy of the approval be provided to the Student and Original Application be kept in the Admin Office with concerned DA)

Principal

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Application for Concession in Attendance on account of Participation in Extra-Curricular Activities

I _____(Name) Student of _____ (name of the course), Semester _____ with College Roll No. _____ has participated and/or Won _____(I/ II/ III prize) in _____ (Name of the Activity and mention whether it is a Team or Solo performance) which is part of the Event _____ to be held at _____ (Name of the Institution and State). The Event is of _____level (Intercollege/University/National/International) held from _____ to _____ (.....No. of Days) for which I have taken prior permission from the college (Photocopy of the approval is attached)

N.B. If participated/won in more than one activity fill Annexure-1

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

(Please √)

1. Self-Attested Copy Certificate of Participation/Winning ☐
2. Application for seeking permission to participate ☐

Signature of the Student : _____

Name of the Student : _____

Roll No. of the Student : _____

Name of the SAB Society : _____

Recommended By:

Name and Signature of the Convener of the SAB Society Name and Signature of SAB Coordinator

For Office Use Only

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 Principal

Annexure -1

Proforma for Availing Concession in Attendance on account of Participation in Extra-Curricular Activities

S.No.	Name of the Event/organized by/at which place	Name of the SAB Society represented	Level (intercollege, university, national, international)	Participation/ prize (mention I, II, III)	Dates (...to.....)

All Documents attached are verified and recommended By:

Name and Signature of the Convener of the SAB Society

Name and Signature of SAB Coordinator