

**PARVATIBAI CHOWGULE COLLEGE OF ARTS AND SCIENCE (AUTONOMOUS)**

**APPLICATION FOR MEDICAL LEAVE**

(TO BE SUBMITTED NOT MORE THAN SEVEN DAYS AFTER REJOINING THE COLLEGE)

SIR,

This is to intimate you that I was absent due to following medical reason;

I / My parent had informed the Head of the Department of \_\_\_\_\_ and faculty members teaching component A & B about my inability to attend college on medical grounds.

Kindly sanction medical leave as per Goa University Ordinance from/on \_\_\_\_\_ to \_\_\_\_\_. Total number of absence (Excluding Sundays/Public Holidays) : \_\_\_\_\_ days.

I am enclosing following documents along with my application.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

For Academic Purpose Only

I will submit the medical leave to the Head of the Department of \_\_\_\_\_ and following faculty members;

Scrutinised and approved

- | Name     | Signature |
|----------|-----------|
| 1. _____ | _____     |
| 2. _____ | _____     |
| 3. _____ | _____     |
| 4. _____ | _____     |
| 5. _____ | _____     |
| 6. _____ | _____     |

Convener/Member  
Students Leave Committee

Medical Leave for \_\_\_\_\_ days may be granted

Kindly do the needful and oblige.

\_\_\_\_\_  
FACULTY ADVISER  
STUDENTS' AFFAIRS

\_\_\_\_\_  
Signature of the Student

Name:

Class:

Roll Number:

Cmail Address:

Contact Number:

Encl.:

- Medical Certificate Yes / No
- Medical Practitioner's Prescription Yes / No

Medical Leave Granted /Not Granted /Case forwarded to Principal

\_\_\_\_\_  
VICE PRINCIPAL  
IN CHARGE OF  
STUDENTS' AFFAIRS