

PGDAV COLLEGE (EVE), NEW DELHI – 110065

FORM FOR MEDICAL LEAVE & RELAXATION IN ATTENDANCE

The Principal,

Dated: _____

P.G.D.A.V College (Eve), Nehru Nagar,
New Delhi – 110065

Respected Sir,

With due respect I beg to say that I was suffering from _____/faced an accident on_____.I was under treatment with/at _____(Please mention the name of the Doctor or Hospital) as per details given below:

Disease	Treatment Taken	Period	
		From	To
Advised best rest			
TOTAL PERIOD OF LEAVE TAKEN			

I am enclosing herewith required Medical & Fitness Certificate issued by the doctor. I, therefore, request you to kindly give me relaxation in attendance as per prevailing University Rules. Particulars of the Class, Section & Teachers are given as under:

Thanking you,

<u>COURSE & SECTION</u>	SUBJECTS	NAME OF THE TEACHER	SIGNATURE

Name _____

Yours

obediently,

Class & Roll No. _____

Mobile No. (Self) _____

Student)

Mobile No. (Parent)_____

(Signature of the

(Principal)