

# DES SHRI NAVALMAL FIRODIA LAW COLLEGE .PUNE

## Application for Medical Leave

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**(The student who wants to avail medical leave for the attendance should submit this medical leave application sanctioned within 3 days from resuming the classes with relevant documents, to be submitted to the class teacher.)**

**The application to be submitted on the day of rejoining the college or next day.**

**In case of medical emergency student/parent/guardian shall send an email to the class teacher.**

Details of student:-

| Name     | Class and Division | Mobile No. | Contact number parents.* |
|----------|--------------------|------------|--------------------------|
|          |                    |            |                          |
| Email Id |                    |            |                          |

1. Medical ground/Ailment:-.....  
.....
2. Name of the treating doctor & qualifications: - .....
3. Duration of treatment: -.....
4. Number of days of hospitalization (if any):-.....
5. Fact/s found during treatment:-.....
6. Need travel for further treatment (period).....
7. Any other medical contingency:-.....

I the undersigned submit that the above information given by me is true and correct with all relevant documents attached. If however any information submitted is found to be incorrect then the college has the right to cancel the application for medical leave and my term will not be granted. The action taken by college shall be binding on me.

Signature :- .....

Name /class :- .....

div.

signature of parents :-.....

Signature of class teacher:- .....

Note: - Documents to be attached with this application.

- Email sends to the class teacher in case of emergency.
- Medical certificate of doctor with prescribed treatment and period of rest required on his note prescription. (Physician /MD Medicine).
- If Admitted then the discharge paper of the hospital.
- Contact number of parents for cross verification is a must.