**Form For Medical Leave**

1. Name of Student :…………………………………………………
2. Degree :…………………………………………………
3. Students Registration Number :…………………………………………………
4. Address :………………………………………………….

………………………………………………….

………………………………………………….

1. Missed Examination/Assignments/Lecture: …………………………………………
2. Period of Leave :………………………………………………….
3. Reason :………………………………………………….
4. Medical Officer’s :………………………………………………….
5. Name :………………………………………………….
6. Designation :…………………………………………………
7. Registration Number :………………………………………………….
8. Address :………………………………………………….
9. Date of the medical certificate issued:……………………………………………

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | Subject/s Missed | Semester | Date of the Exam | Recommendation of the relevant lecturer/HOD | Certified by Head  Examination & Evaluation Center |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |

Date:………………… Signature of Student:………………………

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Official use only

Name of the Associate Officer(Student Service Unit):………………………………

Submitted Date: ………………………………

Signature : ………………………………