**Submission of medical certificate or letters of excuse**

*(To be submitted by the student to the Assistant Registrar within one weeks of taking leave)*

1. Name of student :…………………………………………………………………………………………..…
2. Registration number : D/……………………………………….
3. Semester of Study : ……………………………………………
4. Date/s absent From : ……………………. To: …………………………
5. Number of days absent: ……………………..
6. Academic work missed : (Please write the course codes of missed academic work in the following table with clear handwriting)

|  |  |
| --- | --- |
| In class assignments | DS… |
| Practicals | DS.. |
| Clinicals | DS.. |
| Incourse assessment | DS.. |
| End semester examination | DS.. |

…………………………………………………………………PTO……………………………………………………………….

1. Date of notification to the Deans office ……………………
2. Date of Medical Certificates /other proof of absence handed over to Assistant Registrar ..…………………

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**For office use only.**

1. Date entered in logbook ……………………. Entry number …………………......
2. Date of the original LoE was sent to CMO/ Committee of Senior Stud Counsellors (CoSSC) ………………………
3. Date the copy of LoE was sent to Semester Coordinator ……………………

Name of SC ………………………………………………………………………………..

1. Date the copy of LoE was sent to Course Coordinators …………………… Relevant course codes …………………………………. …………………………………………….
2. Date the recommendation was received from CMO/(CoSSC) ……………………..
3. Date the response from CMO/(CoSSC) was informed to SC ……………………
4. Date the response from CMO/(CoSSC) was informed to CCs ……………………

No of CCs involved ………………………



…………………………………………………………………………………………………………………………………

**(Student’s Receipt of Submission of Medical Certificates/ Letter of Excuse and Related Documents)**

1. Name of student : …………………………………………………………………..
2. Registration number : D/ ………………………
3. Semester of study : ……………………….
4. Entry number : ……………………………

Signature of Assistant Registrar : ……………………………………… Date …/…./….