

KAMALA NEHRU COLLEGE

(University of Delhi)

AUGUST KRANTI MARG, NEW DELHI - 110049

MEDICAL LEAVE FORM

(To be submitted to attendance Committee
within one or 2 weeks of date of joining)

Date

NAME ROLL NO.....

CLASS

SUBJECT

PERIOD FROM TO.....

TOTAL NO. OF DAYS

NATURE OF ILLNESS

TEACHER'S SIGNATURES :-

S.No.	NAME	SIGNATURE	DATE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

PRINCIPAL'S SIGNATURE

SIGNATURE OF STUDENT