**Department of Civil Engineering**

**National Institute of Technology Calicut**

**Application for Medical Leave**

Semester: Monsoon / Winter Academic Year:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | : |  | |
| Roll No. | : |  | |
| Programme | : | B.Tech. / M.Tech. / Ph.D. | |
| Branch / Specialisation | : |  | |
| Semester | : | S1 / S2 / S3 / S4 / S5 / S6 / S7/ S8 | |
| Phone No: | | | e-mail ID: |

|  |  |  |
| --- | --- | --- |
| Period of Absence | : |  |
| No. of Instructional days for which leave is applied | : |  |
| Whether Medical Certificate duly endorsed by Institute Medical Officer is enclosed | : | Yes/No |

Details of Examinations absent: Test 1 / Test 2/ End Semester Exam

|  |  |  |  |
| --- | --- | --- | --- |
| Course Code | Course Name | Date of Examination | Signature of Course Faculty |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(strike off the above table if not necessary)

**Signature of the Student Date:**

|  |  |
| --- | --- |
| Recommendation of Faculty Advisor / Programme Coordinator / Research Guide | : |
| Name & signature of FA/PC/RG with date |  |

|  |
| --- |
| ***[Approval]***  Head of the Department |