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:			.1		e-mail ID:	
Period of Absence				T:		
No. of Instructional days for which leave applied				:		
Whether Medical Certificate duly endorsed by Institute Medical Officer is enclosed				:	Yes/No	
					End Semester Exam	
Course Code Course N			lame		Date of Examination	Signature of Course Faculty
(strike off the abo	ve table	e if r	ot necessary)	•		
Signature of the Student						Date:
Recommendatio Programme Coo		-			:	
Name & signatu	re of FA	A/PC	C/RG with date			
				$\overline{Ap_l}$	proval]	
			Head o	f th	e Department	