

FORM- I

MEDICAL LEAVE APPLICATION

Date: ___/___/202__

To,

Head of Department
Department of Civil Engineering
Government Engineering College, Siwan

Subject: Regarding Medical Leave

Respected Sir/Madam

With due respect I want to inform you that I'm seeking medical leave for ___ days from institute due to health condition mentioned below.

Kindly grant me medical leave from ___/___/202__ to ___/___/202__ through institute.

Name of the diseases/Health Condition	Name and address of consulted Doctor	Date of Consultation	Detail of disease/Health Condition

Enclosure:

1. Doctor consultation slip
2. Medical Test Report

Student Name:

Registration/Roll No:

Current Semester:

Mobile No:

Email Address:

Student Signature