

SICK LEAVE REQUEST FORM

Student name: _____

Faculty: _____

Year: _____ **Semester:** _____ **Batch:** _____

Dates of Absence: _____

Resume study on: _____

Reason for absence: _____

Details of Sickness/Injury/Incidence: _____

Consulting Doctor: _____

Signature: _____

Doctor's Advice/Remarks:

Medical Certificate Attached:

Investigations Attached:

For the use of the Secretary of Academic Affairs:

Signature: _____