



(An Autonomous Institution Under MHRD, Government of India)

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MEDICAL LEAVE APPLICATION

1. Roll No : _____
2. Course : B.Tech / M.Des/M.Tech / Ph.D
3. Name of the Student : _____
4. No. of Days of leave : Days (From to)
5. Brief details of illness : _____

Date: _____

Signature of the Student

Comments & Recommendation by the Medical Officer In-charge (IIITDM Medical Centre)

Date: _____

Signature

Recommendation by the Faculty Advisor

Date: _____

Signature

OFFICE USE

Approved / Not Approved

Competent Authority

Note:

- a) *If Medical Certificate is obtained from outside doctor recommendation from Medical Officer In-charge (IIITDM Medical Centre) has to be obtained after showing all the medical records, prescriptions etc.*