

# GARGI COLLEGE

(UNIVERSITY OF DELHI)  
SIRI FORT ROAD, NEW DELHI - 110049

## MEDICAL LEAVE FORM

Date .....

NAME ..... ROLL NO. ....

CLASS .....

SUBJECT .....

PERIOD FROM ..... TO.....

TOTAL NO. OF DAYS .....

NATURE OF ILLNESS .....

TEACHER'S SIGNATURES :-

S. NO.	NAME	NO. OF CLASSES MISSED	SIGNATURE	DATE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

SIGNATURE OF STUDENT