



ACADEMIC OFFICE
NATIONAL INSTITUTE OF TECHNOLOGY
TIRUCHIRAPPALLI - 620 015, TAMIL NADU, INDIA

Medical Leave Requests / Individual

Name of the Student	:	
Roll No.	:	
Programme	:	B. Tech. / B. Arch. / B. Sc. B. Ed. / M. Tech. / M. Arch. / M.Sc. / MCA / MBA / MA
Department	:	
Specialization (for PG)	:	
Batch	:	
Semester	:	
Section	:	
Session	:	July / January _____

Sir / Madam,

Kindly allow me to avail Medical Leave from_____ to_____ for_____days as I was ill and was advised to take rest by the medical officer. The necessary medical certificate from Institute Hospital / Medical Officer of the Government hospital / _____ recognized _____ hospital (Address Details_____) is attached herewith for your reference.

Date:

Signature of the Student

Kindly attach the following documents:

- A medical certificate, clearly stating the student's unfitness or need for rest on the day of the assessment, must be acquired exclusively from the medical officer of NIT-T hospital.

For Office use (Approval)

Chairperson (Class Committee)

Head of the Department