



DIVISION OF ACADEMIC AFFAIRS

Application for Medical Leave

(This form is applicable for PhD students only; to be submitted with medical certificate)

Name of the PhD student :
Registration no. :
Name of the Guide :
Number of days of medical leave : From / /
required * To / /

* Note: (1) All students are eligible for 10 days medical leave per year with fellowship. This will be sanctioned by Division of Academic Affairs. (2) Students who require more than 10 days medical leave, their leave is sanctioned by the Director based on the recommendations of the Guide, Deputy Registrar, Associate Dean(PhD Affairs) and Dean.

I herewith attached a medical certificate and will submit the fitness certificate from a registered medical practitioner at the time of rejoining.

Signature of the student with date
_____/_____/_____

Recommendation of the Guide

Signature of the Guide with date
_____/_____/_____

For Office Use Only:

Sanctioned (If less than 10 days)/ Forwarded for approval (If more than 10 days)

Dy. Registrar

Registrar

Associate Dean (PhD Affairs)

Approved/Not Approved

Dean

Director

Routing: Below 10 Days: Student → Guide → Student → DR → Registrar

Above 10 Days: Student → Guide → Student → DR → Registrar → Associate Dean → Dean → Director →
Dean → Registrar → DR