



(An Autonomous Institution Under MHRD, Government of India)

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**MEDICAL LEAVE APPLICATION**

1. Roll No : \_\_\_\_\_
2. Course : B.Tech / M.Des / 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

Approved / Not Approved

Stream Coordinator

**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.*