

S.G.T.B. Khalsa College

University of Delhi, Delhi -110007

Student's Medical Leave and Undertaking Form

IMPORTANT NOTE:

The medical form should be submitted with Medical cum Fitness Certificate with copy of the test reports and receipt of consultation fees in the Academic Office (EDP Room) within 7 days of joining the College on the advice of Doctor.

*Internal Assessment Marks benefit will NOT be given on the basis of the Medical Leave.

Name: _____ Mobile No. _____

Course : _____ Complete Roll No.: _____ Section (if any) _____

Semester : _____

Period of Medical Leave from _____ to _____

Doctor's Name _____ Doctor's Regd.No. _____ Hospital / Clinic Name _____

S. No.	Subject	Paper No.	Name of the Teacher	No. of classes Held		Signature of the Teacher
				Theory	Practical (if any)	
TOTAL:						

Undertaking

I _____ S/D/of Mr. _____ and resident of _____ hereby declare that the above particulars are true to the best of my knowledge and belief. I also understand that if any of these documents or medical certificate is found to be forged/fake, the college is authorized to cancel my admission.

Student Signature with date

Signature of Mother
Mobile no.

Signature of Father/Guardian
Mobile No.

Signature of I.A. & Attendance In-charge