Shriram Shikshan Sanstha's
Shriram Institute of Engineering and Technology (Polytechnic), Paniv
Tal. Malshiras, Dist. Solapur – 413113

Application No.: _____ Date: _____

SF-07 : Medical Leave Application

- Name of Student: _____
- Enrollment No.: _____ PRN: _____
- Branch: _____ Class : _____ Academic Year: _____
- Mobile: _____ Email: _____
- Parent Mobile: _____
- Address: _____
- From: _____ To: _____ No of Days _____
- Reason for Leave: _____
- Medical record : _____

Declaration

I hereby declare that I am applying for medical leave due to health reasons. The information and supporting documents submitted by me are genuine. I hereby declare that the information furnished above is true and correct to the best of my knowledge.

Parent Signature
(if Applicable)

Student's Signature

Class Teacher	HOD	Principal
Signature	Signature	Signature

Office / Dept Use Only

Received on: _____ Verified by: _____

If rejected Reason: _____