

ACAD FORM - 06

APPLICATION FOR SANCTION OF MEDICAL LEAVE

Tirupati

Date:

From

To

The Registrar
SVIMS
Tirupati.

Sir / Madam,

Sub: SVIMS, Tirupati – Sanction of Medical Leave - Request – Reg.

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Name	
Course & year	
Purpose of Medical Leave	
Diagnosis	
Leave requirement	From..... To..... No. of days.....
Name of the Specialist (not below the rank of civil asst. surgeon in the specialty concerned)	(Enclose certificate)

Hence, I request you to grant me medical leave for the period mentioned above.

Thank you

Yours sincerely

Signature

//forwarded by//

Signature of HoD with Seal

Note:

1. The list of investigations and their reports are to submitted for verification and appear before the medical board of the university (if required).
2. The course period will be extended (if necessary).