

SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI

ACADEMIC SECTION

ACAD FORM - 06

APPLICATION FOR SANCTION OF MEDICAL LEAVE FOR RESIDENTS

From

Tirupati
Date:

To
The Dean
SVIMS
Tirupati.

Sir / Madam,

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

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Name of the Resident	
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

Mobile No:

//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).