

JESUS AND MARY COLLEGE

Name _____ Roll No _____ course _____ Year _____
 Date of submission this application _____
 Dates for which leave is sought from _____ to _____ (both days inclusive)
 Reason _____

Medical certificate issued by (to be attached) _____

Is this application being submitted within **one week** of returning to college after illness: Yes/No

If not then reasons there of _____

Details of classes missed: (attach an extra sheet *if* required)

Serial No.	Subject	No. of classes missed	Signature of teacher

Signature of Parent

Signature of Teacher-in-Charge

Signature of Scholar

*IMPT: 1. Condonation of attendance may be granted to exceptional case of serious illness or accident.
 Absence on account of minor ailments. will only be noted.*

*2. In case this application is not submitted within one week of returning to college then the
 absence will Only be noted and no condonation of attendance shall be granted in any case.*

Signature of Principal

Signature of Teacher-in-Charge

Entered in Attendance Register

(For Office Use)

Name and signature