

# 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.*

(For Office Use)

Signature of Principal

Signature of Teacher-in-Charge

Entered in Attendance Register

Name and signature