



# ERODE SENGUNTHAR ENGINEERING COLLEGE

PERUNDURAI ERODE – 638 060  
OFFICE OF THE CONTROLLER OF EXAMINATIONS

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## MEDICAL LEAVE APPLICATION FORM

1.	Register Number	
2.	Name of the Candidate	
3.	Degree, Branch and Section	
4.	Semester and Academic Year	
5.	Medical Leave availed so far (in days) in this semester	
6.	Medical Leave Particulars	
	a) Reason for Medical Leave	
	b) Number of Days	
	c) Period	1. From.....To..... 2. From.....To.....
	d) Name, Address and Registration Certificate No. of the Doctor	
	e) Whether medical certificate is enclosed	Yes / No

Date:

Signature of the candidate

Verified the enclosed Medical Certificate and other Particulars

Recommendations by the HOD

Signature of the Class Advisor

Signature of the HOD

Signature of the PRINCIPAL