



KONGU ENGINEERING COLLEGE

(Autonomous)

PERUNDURAI ERODE – 638 060

OFFICE OF THE CONTROLLER OF EXAMINATIONS

Intercom: 645

Direct : 04294 226645

E-mail: coe@kongu.ac.in

MEDICAL LEAVE APPLICATION FORM

1.	Register Number	
2.	Name of the Candidate	
3.	Degree, Branch and Section	
4.	Semester No. 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	

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