

e-form-01**eGOVERNANCE CELL****DIRECTORATE OF TECHNICAL EDUCATION, CHENNAI – 600 025****MEDICAL CERTIFICATE SUBMISSION**

Institution Code	Institution Name	Serial Number*: OCT 2008	
Branch Code	Branch	Semester	FT/PT/SW
Register Number	Name of the Student		
DETAILS OF LEAVE TAKEN ON MEDICAL GROUNDS			
From	To	No. of Days	Total No. of Hours
<i>Reason for taking Medical Leave</i>			
DECLARATION BY THE STUDENT			
<ul style="list-style-type: none"> I am fully aware that the Principal is empowered of granting condonation of shortage of my attendance upto 5% only (that too at his discretion). I will not be permitted to appear for the forthcoming Board Examination <u>AND</u> I have to redo the current semester in the next academic year (within the stipulated maximum period), if my percentage of attendance on the last working day is below 80% 			
Place	Date	Signature of the Student	
FOR INSTITUTION USE			
<ul style="list-style-type: none"> Certified that the above mentioned period has been marked as ML in the attendance register and the same has been effected in the e-Attendance entries. Original Medical Certificate is received from the student (copy to be enclosed) and is maintained for future verification 			
Signature of the HOD with Date		Signature of the Principal with Seal & Date	

*Serial Number is a continuous number to be assigned by the institution for each submission.