



PSG College of Arts & Science
An Epitome for Quality Learning

APPLICATION FOR MEDICAL LEAVE

Name of the Student : _____ Date: _____
Class : _____
Roll No : _____
Dates of Medical leave claimed From _____ To _____
No. of days claimed : _____
(working day only)

Signature of the Student

Head of the Department

Principal

Note:

Medical certificate and Medical report has to be attached along with this application. Otherwise the application will be required.