Sadhana Education Society's L S RAHEJA COLLEGE OF ARTS & COMMERCE, MUMBAI 400 054

APPLICATION FOR SUBMISSION OF MEDICAL CERTIFICATE

			From				
			Mr./Miss.				
			Class:	Div	Roll N	No	_
			Address:				
			Date: Student Numb				
To,							
The Princip	al.						
	College of Arts & C	Commerce, Mi	umbai 400 054.				
-	C						
Sir,							
I could not	attend my regula	r classes from	t	0	(both da	ays inclusi	ve) on
account of	the following illne	ss					
Medical	Certificate	dates		is	sued	by	Dr.
					as requ	ired by ru	ules is
attached.							
				You	rs faithfu	illy,	
	(Signature of Studer						
						,	
	(Countersign of Guardia						an)
<u>Rules:</u>							
1. Fully	y completed and sig	ned application	form should be a	given in office	during off	fice hours o	on any

working day within **THREE DAYS** of resuming attendance.

- An official receipt will be given by the office on submission of application. The receipt should be 2. preserved by the student.
- 3. The medical certificate submitted does not amount attending classes or examination or test. It only explains the medical condition of student.
- Medical Certificate without specifying the exact dates should not be accepted. 4.
- 5. If student is absent for more than three days, details of medical report – pathology test, X-ray reports etc. should be submitted.
