

Student Services Office

K.L. Campus, University Road, Navrangpura,
Ahmedabad-380009, INDIA

Ph: +91- 79 -2630 2470 / 2740 Extn: 434,435,436 Fax: 91-79-2630 2075 Website: www.cept.ac.in

Email: studentservices@cept.ac.in

MEDICAL LEAVE FORM

Instructions: To be completed by student/parents/Guardian & submitted to Student Services Office

Student Name _____ Code No. _____

CEPT Email ID _____ Contact No. _____

Name of Program _____ Faculty of _____

Details of the illness* _____ Duration of Leave _____

Student Signature _____ Date _____

Parents/Guardian Signature _____ Date _____

FACULTY MEMEBERS TO BE INFORMED:

Name	Course	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Program Coordinator Name _____ Signature _____ Date _____

*** Notes: For record of attendance only, not to be used for claiming insurance.**

For Office Use Only

Submit a copy to program Coordinator

Yes

No

Date