

**ILS LAW COLLEGE, PUNE - 411004.**

**APPLICATION FOR SUBMISSION OF MEDICAL CERTIFICATE**

(To be filled in using CAPITAL letters and to be submitted in triplicate)

To  
The Principal,  
ILS Law College  
Pune – 411004.

1. Name : \_\_\_\_\_

2.

Academic Year	Class	Division	Roll No.

3. Date of Absence : From \_\_\_\_\_ to \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

4. Total number of days of absence from College  
Inclusive of both from & to \_\_\_\_\_

5. Name of the Doctor & Reg. No. : \_\_\_\_\_

6. Illness (As mentioned in medical certificate)  
\_\_\_\_\_  
\_\_\_\_\_

7. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Parent's/Guardian's Name / Mobile No. / E-mail ID : \_\_\_\_\_  
\_\_\_\_\_

Date of Submission : \_\_\_\_\_ Signature of Applicant : \_\_\_\_\_

\_\_\_\_\_  
Receiver's Signature and College Seal