



राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान-हाजीपुर

NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH-HAJIPUR

औषध विभाग, DEPARTMENT OF PHARMACEUTICALS

आयन एवं उर्वरक मंत्रालय, भारत सरकार, MINISTRY OF CHEMICAL & FERTILIZERS, GOVT. OF INDIA

Student Medical Leave Requisition Form

Name		
Department		
Registration No.		
Semester/Year		
Medical Leave Duration (as per certificate)	From-	To-
Address while on medical leave		
Purpose for Medical Leave		
Date of joining to institute (After medical leave)		

Alongside the requisition, please attach Student Leave Application Form along with the following original documents:

- I. Medical Certificate with Fitness Certificate provided by registered medical practitioner.
- II. Medical Prescription.
- III. Lab Reports.

Signature of Guide

Signature of HoD

Recommendation of Medical Officer:

Dean