



ZAKIR HUSAIN DELHI COLLEGE

(University of Delhi)

RECORDS OF THE STUDENT WHO HAVE AVAILED **MEDICAL LEAVE**

- NAME OF STUDENTS : _____
- CLASS / COURSE : _____ ROLL NO. _____
- DURATION OF LEAVE : _____
- REASON OF LEAVE : _____

Detailed record of lectures delivered during the leave period. (To be filled by concerned Teacher)

Teacher's Name	Paper Code / Paper Name	No. of Lectures + Tutorials held	No. of Practical held	Teacher's Signature

- Total number of **Lectures + Tutorials** held during the above period _____
- Total number of **Practical** Classes held during the above period _____

(Signature of Student)

Note: Attach a Medical Certificate (in Original) and Medicine Prescription