## PRAVIN GANDHI COLLEGE OF LAW VILE PARLE (WEST), MUMBAI 400 056.

## MEDICAL CONDONATION FORM

		Name of the	Name of the Student :		
		Yr B.l	L.S./LL.B. Div	Roll No	
		Mobile No			
		Date :			
To,					
The Principal	<b>6</b> .				
Pravin Gandhi Coll	ege of Law				
Dear Sir,					
I could not attend	my regular classes	from	to		
(both days inclusiv	e) on account of th	e following illness			
Medical certificate	dated	issued by Dr		as	
required by rules i	s attached.				
			Vours foit		
			Yours fait	.niuny,	
			(Signature of	Student)	
		(	Countersign of Pa	arent/Guardian)	
		·	0	. ,	
Rules:					
1. Medical	condonation will be	considered only on th	ne submission of N	ledical Certificate.	
	Fully completed and signed application form should be given in office during office hours on				
-		EE DAYS of resuming r	-	2	
,	5 7 -		<b>.</b>		

- 3. Medical Certificate without specifying the exact dates will not be accepted.
- 4. The medical certificate submitted does not amount to attending the classes or examination or test. It only explains the medical condition of student.
- 5. An official receipt will be given by the office on submission of application. The receipt should be preserved by the student.