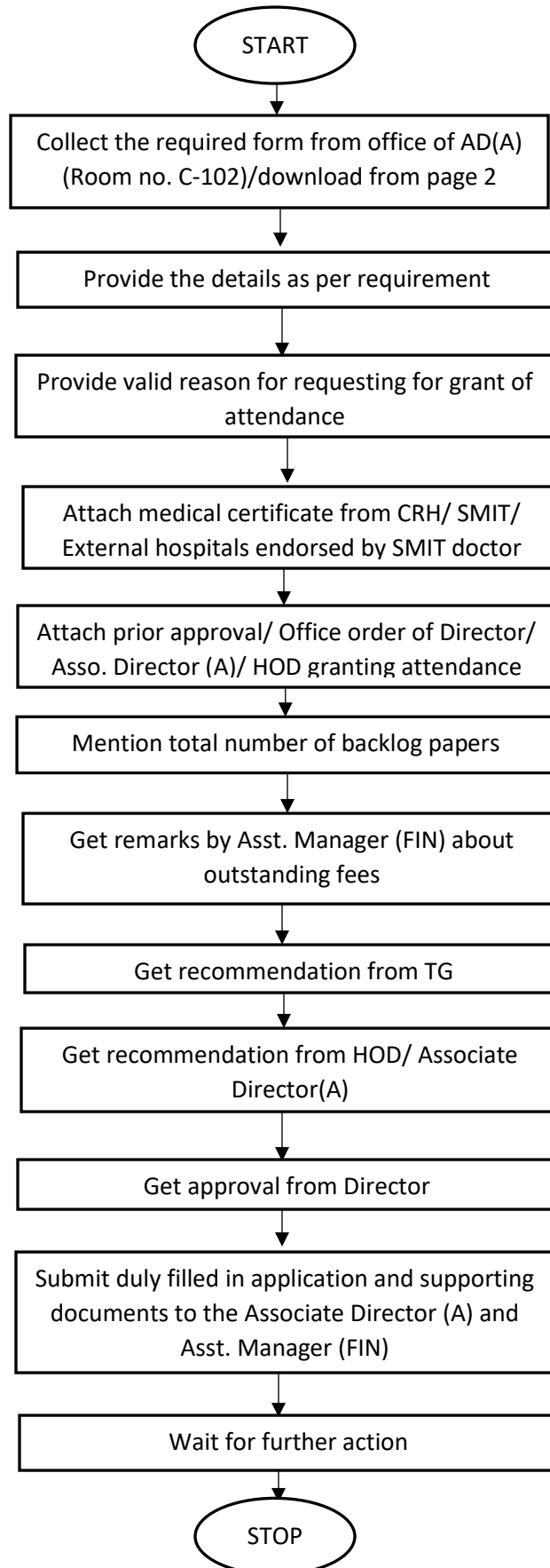


GRANT OF ATTENDANCE ON MEDICAL GROUND

(No consideration for less than 7 days bed rest/ hospitalized)



For any assistance contact Asst. Registrars, SMIT

1. Mr. Saumya Das (7076566858/ asstregistrar.admin@smit.smu.edu.in)
2. Mr. P.M. Pradhan (8984212456/ asstregistrar.acad@smit.smu.edu.in)
3. Mr. Ishwer Shivakoti (8768231697/ asstregistrar.compliance.smit.smu.edu.in)



APPLICATION FORM FOR GRANT OF ATTENDANCE ON MEDICAL GROUND

[No consideration for less than 7 days' bed rest/hospitalization]

(Revised on May 2019)

1. Name in full: **Mr/Ms**..... Regn. No.
2. Parent's name Phone No.
(F/M/G#):
3. Dept./Branch Sem/Sec.
4. Email ID Phone No.
5. Hosteller/Day scholar. If hosteller, specify the Hostel/Room No:
6. Valid reason(s) for requesting for grant of attendance:
.....
7. Supporting Documents attached.
(i) Medical certificate from CRH/SMIT/External hospitals endorsed by SMIT doctor: Yes/No
(ii) Prior approval/Office order of Director/ Associate Director (A)/HOD granting attendance :
Yes/No
8. Total nos. of backlogs as on date:
9. Signature of the student: Date:/...../.....
10. Remarks by Asst. Manager (Fin) about outstanding fees if any
.....
11. Recommendation by TG:.....
12. Recommended by HOD/ Associate Director (A)*:Date:.....
13. Approved by Director:.....Date:

14. Duly filled in application endorsed/approved by the competent authorities along with supporting documents as stated above shall be submitted to the Associate Director (A) and the ASST. MANAGER (FIN) for record and further actions.[Contact No: 03592- 246145 OR 03592-246117/ 246118/ 246119/ 246120 ext: 270, FE: 330, 226]

F: Father/M: Mother/G: Legal guardian – Strike out whichever is not applicable

* Associate Director (A) only for 1st. year students and HODs for Higher semester students.