



BISHOP COTTON WOMEN'S CHRISTIAN COLLEGE

#19, 3rd Cross, CSI Compound, Mission Road, Bengaluru, Karnataka - 560027

Date:

From,

Student Name: _____

Class/ Section: _____

Register No: _____

To,

The Principal

Respected Madam,

My daughter could not / will not be able to attend the classes on/ from _____ to _____
due to _____ .

I kindly request you to grant leave for the above-mentioned date/dates.

Thank You,

Yours faithfully

Signature of Parent/ Guardian

Parent's/Guardian's Name:

Parent's/ Guardian's Mobile Number:

Signature of Principal

Seal & Signature of Counsellor/Attendance Committee

Documents Submitted (Photo copy only):

1) Medical certificate:

2) Discharge summary:

3) Death certificate:

4) Wedding card:

5) Other medical reports:

No. of hours requested:

No. of hours granted:

Signature of Subject teachers: