SRCC/AD-45/2024/   October 15, 2024

NOTICE
REGARDING ATTENDANCE-MEDICAL CASES AND BENEFITS

Students are hereby informed of the following:

A. **Regarding Medical Cases:** Students claiming medical cases under Ordinance VII of the Delhi University Act, 1922 must submit their application in the attached proforma (*P1*) to the Admin Office within **two working days** of joining back the College after hospitalisation/injury/long disease/illness.

The Application must be supported by self-attested photocopies (attestation in **blue ink** only) of all relevant documents in support of application (e.g. Medical Certificate, Doctor's prescriptions, Lab reports, medical bills etc.). Students may be called to produce original documents.

Applications received after two working days of joining the College may not be considered. **Students must not submit this application to individual teachers or elsewhere. Students are expected to inform their teachers in case of medical leave/emergency within reasonable timelimits.**

IMPORTANT: Students are hereby warned towards submission of fake, false or fabricated documents. In case, student is found to have submitted fake, false or fabricated documents, the case will be immediately referred to the Disciplinary Committee for appropriate consideration.

B. **Benefits:** Where applicable, students claiming benefits under Ordinance VII are mandated to submitted only in the proforma as approved by the Staff Council, SRCC (*proforma P2 attached*)

PRINCIPAL

Circulation:

i. To Student and Faculty through SmartProf, College Website and Notice Board

SHRI RAM COLLEGE OF COMMERCE
University of Delhi

P1: PROFORMA FOR APPLICATION TOWARDS CONSIDERATION OF MEDICAL CASES

The Principal,
Shri Ram College of Commerce
University of Delhi

Date:

Subject: Request for consideration of Medical Cases in Semester _____ of Academic Year 2024-25

Respected Ma'am,

With reference to the subject, I request that my case be considered as a Medical Case towards exclusion for purposes of calculation of attendance of the Academic Year 2024-25:

1	2	3	4	5	6
S.No.	Name/ Type of Disease/Illness	Doctor's Name	Whether Hospitalised (Yes/No)	If 4 is yes, Name of Hospital where admitted	Number of days of hospitalisation
			Total Number of Days hospitalised		

(*add or delete rows/use separate sheet if necessary*)

In a separate sheet, list all the documents attached to this application in chronological order and at the end of that sheet, enter the total number of documents and pages attached to this application.

I confirm that I am possessing the original medical records, and am submitting the self-attested copies (attested in **blue ink only)** of all relevant documents in support of the application (e.g. Medical Certificate, Doctor's prescriptions, Lab reports, medical bills etc.)

I also declare that all information submitted by me is true. I also understand and hereby declare that in case it is found that I have submitted fake, false or fabricated information/documents, my case will be referred to the Disciplinary Committee for appropriate consideration. I alone shall be responsible for any action taken by the College in this regard.

Yours sincerely,

(Sign of the student)
Name:

Programme		University Exam Roll No.	
Year		College Roll No.	
Section		Mobile Number	

--XX---
For Office Use ONLY

Date Received:
Application Number entered in Register:
--XX---
Counter foil to be given as receipt to student.
APPLICATION NUMBER:
DATE:

Sign of Dealing Assistant

P2: PROFORMA FOR CLAIMING BENEFITS

SHRI RAM COLLEGE OF COMMERCE
<SOCIETY NAME>
Attendance Benefit Sheet for <Month, Year>

Dear Colleague,

It is requested that **<Student's Name>**, **<Roll number>** of **<Course>**, **<Year>**, **<Semester>**, **<Section>**, has participated in the events given below. So kindly grant her/him attendance benefits for the following classes:

S.No.	Date	Class (Period)	Details of Participation
1.			
2.			

Thanks and Regards,

Verified By

<Name>   **<Name>**

Society President   **Faculty Advisor**