

SHRI RAM COLLEGE OF COMMERCE

University of Delhi, Maurice Nagar, Delhi – 110007 Website: www.srcc.edu

SRCC/AD-45/2024

May 10, 2024

NOTICE REGARDING ATTENDANCE-MEDICAL CASES AND BENEFITS

Students are hereby informed of 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) at the Admin Office by May 17, 2024. The Application must be supported by self-attested photocopies (attestation in blue ink only) of all relevant documents in support of the application (e.g. Doctor's prescription, lab reports, medicine bills etc.). Students may be called to produce original documents.

Applications beyond the due date will not be considered.

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

B. Benefits: Where applicable, students claiming benefits under Ordinance VII are advised to have them submitted in the proforma approved by the Staff Council, SRCC to their respective faculty members before May 12, 2024.

Encl: Proforma

RINCIPAL

Circulation:

1. SmartProf, Notice Board and College Website



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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 Case in Semester II/IV/VI of Academic Year 2023-24 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 2023-24

_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 are necessary)

I confirm that I am possessing the original medical records, and am submitting the selfattested photocopies (attestation in blue ink only) of all relevant documents in support of the application (e.g. Doctor's prescription, lab reports, medicine 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 documents, my case will be referred to Disciplinary Committee for appropriate consideration. I alone shall be responsible for any action taken by the College in this regard.

Yours sincerely,

(Sign of student)

Name of the Student:

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