



# SHRI RAM COLLEGE OF COMMERCE

University of Delhi, Maurice Nagar, Delhi – 110007

Website: [www.srcc.edu](http://www.srcc.edu)

SRCC/AD-45/2024/

April 25, 2025

## NOTICE


### REGARDING ATTENDANCE- SUBMISSION OF BENEFITS AND MEDICAL CASES

Students of Semester IV and Semester VI are hereby notified of the following:

1. **Medical Cases:** Students claiming Medical cases under Ordinance VII of the Delhi University Act, 1922 are advised to submit their application in the attached proforma (P1) to the Admin Office latest by April 30, 2025, if not already submitted.

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

2. **Benefits:** Students claiming under Ordinance VII are advised to submit their Benefits latest by **April 30, 2025** to their respective faculty members in the format (P2) as specified by Staff Council and informed by the Notices No. SRCC/AD-45/2024 dated April 03, 2025 and previously October 15, 2024, enclosed herewith.

  
PRINCIPAL



Cc: Circulation through SRCC Notice Board, Website and SmartProf.

Encl: As above.

P2: PROFORMA FOR CLAIMING BENEFITS

<b>SHRI RAM COLLEGE OF COMMERCE</b> <b>&lt;SOCIETY NAME&gt;</b> 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	

**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