



**BISHOP COTTON WOMEN'S CHRISTIAN COLLEGE**

#19, 3<sup>rd</sup>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

Signature of Principal

Parent's Name: Seal & Signature of Counsellor / Attendance Committee

Parent's Mobile Number:

**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:**