C.V. Raman
Global University
ODISHA BHUBANESWAR | INDIA
Home Grown World Class

CGU
ODISHA

Ref.No-CGU/AC/10/174/25 **Date: 25.10.2025**

NOTICE

SUBMISSION OF MEDICAL CERTIFICATE IN LIEU OF SHORTAGE OF ATTENDANCE

The students who have found not eligible for appearing mid semester Examination due to attendance criteria or having less than 75% attendance till **31.10.2025** due to medical issue, are hereby instructed to submit the medical certificate in the prescribed application form.

The last date of submission of the application form is **03.11.2025**. The medical board will evaluate the application, and attendance will be considered based on the approval of medical board and designated attendance criteria as per norm.

Those who have submitted the medical certificate earlier need to submit the fresh application.

Pro Vice Chancellor

Pro Vice-Chancellor
C. V. Raman Global University
Bhubaneswar

C.V. Raman Global University
ODISHA

CGU ODISHA

F 4

APPLICATION FOR SUBMISSION OF MEDICAL CERTIFICATE [For Shortage of Attendance]

Instruction: Application shall be forwarded by the Mentor and HoD/Dean only, must enclose the Photocopy of the Medical Certificate of Treatment/Hospitalization supported by the Prescription (admission/discharge certificate). The duly filled in application along with the medical certificate and prescription must be submitted.

1. Name of Student. ..... Mobile No.....
2. University Roll No..... Registration No.....
3. Branch ..... Semester: ..... Group.....
4. Period of Absence From ..... To ..... for a period of ..... days.
5. Application form for Mid Sem Exam...../ End semester Exam. .....
6. Reason for Absence:

7. Details of the Medical Certificate:

Name of the Hospital/Nursing Home/Practitioner
Place
Number: Date of Issue:
Prescription Enclosed

Date : ..... **Full Signature of the Student.....**

Forwarding Note of Mentor: .....

.....

Date: **Signature of Mentor** **Signature of HoD/Dean**

Office use only

Date of Conduct of the Medical Board:

Decision of the Medical Board:

Signatures of the members of the Medical Board

_____ Approval by **Pro-Vice Chancellor**

Date: **Signature of Pro-Vice Chancellor**