

PUNNIYA LANGUAGE AND COMPUTER CENTRE

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MEDICAL ABSENCE FORM

Name _____

Family Name _____

Student Fin No _____

Student Passport No _____

Previous Address _____

Phone (Home) _____ Mobile _____

E-Mail address _____

Date of Absence from Class _____

Lecturers Name _____

Subject absent from _____

Period absent from _____ to _____

Reason for Absence _____

Signature _____

Date _____

This form must be submitted with the original copy of the medical certificate. It must be issued by registered clinics, polyclinics or hospitals. Copied medical certificates will not be accepted by the school for absence from class, tests and other assessments.

For Official Use Only

Received By _____

Date _____

Form completed & signed

Original MC attached