

To,

Date:

The Principal

Institute of Hotel Management

P-16, TARATALA ROAD, KOLKATA - 700 088

Sub: **Submission of Medical Certificate**

Sir,

Attached please find medical certificate supporting for my absence to the institute

For the period .....to.....

Thanking you,

Your's faithfully

NAME: .....

Signature of the Student.....

NCHMCT ROLL NO.-

SEMESTER:

To

Date:

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