

# Central University of Gujarat

Sector 29, Gandhinagar – 382 030

## Application for withdrawal from a semester (s) (i.e. zero semester/year) on medical ground/on account of availing Scholarship/Fellowship.

### Note:

1. All columns of the application must be filled by the student; otherwise **incomplete** application shall not be entertained.
2. Those appeared in the end semester exams will not be eligible for consideration for the grant of zero semester(s).
3. Application of zero semester(s) must be submitted to the Zero Semester Committee **within two weeks after recovery from illness but not later than 5<sup>th</sup> December for Monsoon Semester and 12<sup>th</sup> May for Winter Semester, failing of which application shall not be entertained at all.**
4. Subsequent to recovery from illness, the student should report in person to the Dean/Chairperson followed by submission of the application form duly filled in and signed by the Chairperson/Dean to the Zero Semester Committee.

### A. Student details

01. Name of Student (In Block Letters) : \_\_\_\_\_.
02. Enrolment No : \_\_\_\_\_.
03. Programme of Study : \_\_\_\_\_.
04. Center & School : \_\_\_\_\_.
05. Date of Admission to the Programme: \_\_\_\_\_.
06. Semesters completed till date : \_\_\_\_\_.
07. Period of Zero Semester :

Monsoon (July to December) Date: \_\_\_\_\_

OR

Winter (January to May) Date: \_\_\_\_\_

### B. Details of reasons for withdrawal from semester(s):

#### I. On medical ground:

1. On Medical nature of illness causing withdrawal from a semester (s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Period of illness from \_\_\_\_\_ to \_\_\_\_\_

Period of stay in the hospital: from \_\_\_\_\_ to \_\_\_\_\_

Period of rest advised by the doctor: from \_\_\_\_\_ to \_\_\_\_\_

(Rest Certificate attached **Annexure-A**)

The medical certificate from autonomous/govt. hospital/local body/CUG Health Centre should clearly mention the name of disease with following details:

Required period of rest certificate (from to from) should be clearly mentioned. If rest is not required then it will not be accepted for zero semester. The doctor's stamp with registration number should be clearly visible.

If the certificate is from abroad/ in a language other than English, it should be submitted with proper translation in English.

- (i) Date of fitness given by the doctor: \_\_\_\_\_  
(Certificate attached **Annexure -B**)

Fitness certificate to join back to studies. No application of zero semester will be accepted without the fitness certificate. The doctor's stamp with registration number should be clearly visible.

- (ii) Period of stay at home: from \_\_\_\_\_ to \_\_\_\_\_

- (iii) Date of reporting to the Chairperson of the Center/Dean of the School after recovery: \_\_\_\_\_.

(Verified by the Dean or Chairperson) : \_\_\_\_\_.

- (iv) Date of reporting to the Warden of the Hostel after recovery (In case of resident scholar): \_\_\_\_\_

(Verified by the Warden): \_\_\_\_\_.

2. The student must visit CUG Health Centre upon falling ill and visit Govt Hospital for follow up treatment. In case the student has done so, necessary documents like recommendation from **CUG doctor must be attached.**

In case the student **has not** visited CUG Health Centre and/or Govt Hospital, the reason/justification for the same to be given and related documents (like private hospital card etc.,) to be attached and opinion of CUG Health Centre Doctor is required.

**Opinion of CUG Health Centre Doctor:**

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Approved or Not Approved: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Signature : \_\_\_\_\_

Date:

(With Stamp)

The student has to **submit** all documents related to illness like prescriptions, bills for diagnostic tests and purchase of drugs etc. These documents are to be submitted to **the zero-semester committee.**

3. The student **has to intimate** about the illness within **seven days** after falling ill by sending a letter to the Dean of the School. **This information can be sent by the student or any family member or any class/roommate on his/her behalf.**

The student is **required to report** to the Centre Chairperson/Dean of School/Hostel Warden **in person** immediately after declared fit by the doctor.

I, \_\_\_\_\_, hereby undertake that the attached document(s) indicating nature of illness, period of rest/absence and fitness certificate (duly signed by the student and having signature of the treating physician at CUG Health Centre/Govt. Hospital/private hospital, as the case may be) is authentic.

Signature of Students : \_\_\_\_\_

Enrolment No. : \_\_\_\_\_

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**(TO BE FILLED BY THE CENTRE/SCHOOL'S OFFICE)**

Note: It must be ensured that the application of the student along with specific recommendations of the Centre/School (in the following format) is forwarded to the office of the Controller of Examinations positively by the due date as notified in the Academic calendar of the University and applications received beyond that date will not be entertained. It may also be ensured that only the fit cases for zero semester/year to be forwarded for consideration of the Standing committee of the University.

1. Academic Performance
  - (i) Whether the candidate was eligible to appear in the end semester exam of the semester requested for zero semester after clearing the required sessionals.  
: \_\_\_\_\_
  - (ii) Whether the student appeared in the mid/end semester examinations of the semester requested for zero semester.  
: \_\_\_\_\_
2. Indicate details of semester(s) recommended as Zero semester:  
: \_\_\_\_\_

Recommendation of the Chairperson of the centre/ Dean. To be noted that in absence of student, zero semester will only be sanctioned on production of medical documents scrutinized/verified by concerned school/centre (details given in the original application to be filled in by the student)

- (a) The period mentioned in the medical documents is relevant to sanction zero semester.
- (b) During rest of the period of semester (excluding the period of medical leave) his/her academic performance is satisfactory according to School/Centre

**RECOMMENDED/NOT RECOMMENDED.**

If not recommended, specific reasons to be given: \_\_\_\_\_

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Dean of the School  
(Signature with Seal)  
School \_\_\_\_\_

Chairperson of the Centre  
(Signature with Seal)  
Centre \_\_\_\_\_

Certified that all the columns filled by the students are verified with documents submitted in the centre/School and found correct.

**Recommendations of the Dean [Indicating semester(s)]**

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Dean of the School  
(Signature with seal)

Chairperson  
(Signature with seal)

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**(TO BE FILLED BY ZERO SEMESTER COMMITTEE)**

Documents received by Zero Semester Committee:

Date \_\_\_\_\_ Place. \_\_\_\_\_

Recommended/Approved for Zero Semester / Zero Year as per details given below:

Comments, if any

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Zero Semester Period: \_\_\_\_\_ to \_\_\_\_\_

Not Recommended/Approved for Zero Semester / Zero Year as per details given below:

Comments, if any

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Dr. Indira Dutta Chairman, Zero Semester Committee: \_\_\_\_\_

Dr. Kunal Sinha, Member : \_\_\_\_\_

Dr. Paulami Sahu, Member : \_\_\_\_\_

Dr. Sudep Basu, Member : \_\_\_\_\_

Sh. Mukesh Chavda, Member: \_\_\_\_\_