

Application for Stomach Pain Relief Leave

1. Application for Stomach Pain Absence Directed to Class Teacher

To,
The Class Teacher,
[School Name],
[School Address],
[City],
[Date]

Subject: Application for Stomach Pain Absence

Respected Sir/Madam,

I, [Your Name], a student of class [Your Class] in your prestigious institution, was unable to attend school on [Date of Absence] due to severe stomach pain. The pain was unbearable, and as a result, I could not concentrate on my studies and had to take rest.

I kindly request you to please consider my absence on the mentioned date as medical leave and grant me permission to resume classes from [Date of Rejoining]. I assure you that I will cover the missed lessons and homework with the help of my classmates and will not let this affect my academic progress.

I hope you will understand my situation and excuse my absence with due consideration. Thank you for your understanding.

Yours sincerely,
[Your Name],
Class: [Your Class],
Roll No: [Your Roll Number],
[School Name]

2. Menstrual Stomach Pain Leave Application for Female Employees or Students

To,
The Manager/Principal,
[Company Name/Institution Name],
[Address],
[City, Postal Code]

Subject: Leave Application for Menstrual Stomach Pain

Respected Sir/Madam,

I am writing to inform you that I am suffering from severe menstrual stomach pain and will not be able to attend work/classes today. It has become unbearable for me to focus on tasks or sit in one place for an extended period of time.

Keeping in view the situation, I kindly request you to grant me leave for today, [Date], so I can take proper rest at home and recover from this ailment. Once I feel better, I assure you that I will cover any pending tasks and responsibilities without causing any inconvenience to the team.

Thank you for understanding and considering my request. I am hopeful for a positive response from your end.

Yours sincerely,

[Your Name],
[Employee/Student ID],
[Department/Class],
[Contact Details]

3. Medical Leave Application Due to Stomach Infection and Recovery Period

To,
The Principal,

[School/College Name],
[Address],
[City],
[Date]

Subject: Medical Leave Application Due to Stomach Infection and Recovery Period

Respected Sir/Madam,

I, [Your Name], a student of class [Your Class] in your esteemed institution, am writing to inform you that I have been suffering from a severe stomach infection for the past few days. As per the doctor's advice, I need to undergo treatment and adequate rest to ensure a complete recovery.

I kindly request you to grant me medical leave for [Number of Days] days, starting from [Start Date] to [End Date]. I assure you that I will make up for the missed classes and assignments as soon as I return.

Please find the enclosed medical certificate issued by the doctor as proof of my condition.

Thank you for your understanding in this matter.

Yours sincerely,

[Your Name]
Class: [Your Class],
Roll No: [Your Roll Number],
[School/College Name],
[City]

4. One Day Leave Application for Sudden Stomach Pain and Recovery

To,
The Principal,
[School/College Name],
[Address],

[City], [State], [Zip Code]

Subject: One Day Leave Application for Sudden Stomach Pain and Recovery

Respected Sir/Madam,

I am [Your Name], a student of Class [Your Class] Section [Your Section] in your esteemed institution. I am writing this application to inform you about my sudden stomach pain and request a leave for one day on [Date] for the same.

Unfortunately, last night I experienced severe stomach pain due to some digestion issues. I consulted a doctor, who advised me to take complete bed rest for a day and prescribed some medication. Hence, I am unable to attend school/college today.

I assure you that I will take notes from my classmates and catch up on the missed lessons as soon as possible. I request you to kindly grant me leave for one day on [Date] and consider this application for the same.

Looking forward to your kind understanding and approval.

Thank you.

Yours sincerely,

[Your Name]

Class: [Your Class] Section: [Your Section]

Roll No: [Your Roll Number]

[Date]

5. Stomach Ache Relief Leave Application for Rest and Treatment

To,
The Principal,
[School/College Name],
[School/College Address],
[City]

Subject: Leave Application for Stomach Ache Relief and Treatment

Respected Sir/Madam,

I, [Your Name], a student of class [Your Class] in your prestigious institution, am writing this application to request leave for two days (from [Start Date] to [End Date]) as I am suffering from a severe stomach ache.

I have consulted a doctor, and they have diagnosed me with gastroenteritis. They have advised me to take complete rest and undergo treatment for a speedy recovery. Attending school in this condition would not only affect my health but may also cause inconvenience to my fellow classmates.

Kindly grant me leave for the mentioned period so that I can take proper rest and medication to recover from my illness. I assure you that I will make up for any missed classes and assignments as soon as I return.

I have attached a medical certificate from the doctor as proof of my condition.

Thanking you in anticipation.

Yours sincerely,

[Your Name],
[Your Class],
[Roll Number],
[School/College Name]