LEAVE APPLICATION FORM (Students)

Department: _____

Name: _____
(In block letters)

Enrol. No: _____

No of Lectures:
(in case of short leave) _____

Class/Section: _____

Leave from: _____ **To:** _____ **No. of Days:** _____

Reason: _____

_____

_____

Detail of Documents/ Proof: (if attached) _____

Date: _____   **Applicant's Signature**

(For Office use only)   **Serial No:_____**

Recommended/ Not Recommended

Officer Incharge/ Supervisor   **Program Coordinator**

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Approved/Not Approved
(Head of the Department)

Leave entered/not entered in the attendance record _____

(Concerned Teachers)