LEAVE FORM FOR STUDENTS

Name:_____ Roll No. _____

Class:_____Section: _____

Leave dates   (From:_____To:_____

Reason/Comments_____

_____

_____

Course Name	Dates of lecture	Lecture / Lab Timing as per time table

(Student must complete the above table)

Student's Signature: _____   Parents' Signature:_____

Date:_____   Date:_____

Note: Leave form will be entertained within four working days
Leave Application is to be submitted to Program Manager
(Attach supporting docs. i.e. Medical Certificate or Visa in case of foreign travel)

For Office Use Only

Approved / Not Approved

Head Of Department Signature_____

Receipt Leave Form

Student Name:_____Roll No._____

Received by:_____Date:_____