



## 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: \_\_\_\_\_