

LEAVE APPLICATION FORM

Student Name: KEERTHI

Department: CSE

Register number: TLY22CS033

Leave Type: MEDICAL

Leave Duration: From 2025-04-22 To 2025-05-01

Total Days: 2

Reason for Leave: FEVER AND COLD

Address during leave: SUKRITHAM,KALLERIKKARA

I hereby request you to grant me leave for the above-mentioned period. I assure you that I will complete all pending work before my leave and will ensure a smooth handover to my colleague, if necessary.

Date of Application: 2025-04-16

Approved By: ASHA VIJAYAN

Date of Approval: 2025-04-10

