



MAR IVANIOS COLLEGE (AUTONOMOUS)

APPLICATION FOR LEAVE

NAME			PROGRAMME: UG / PG
LOCAL ADDRESS			
SEMESTER, CLASS AND ROLL NO.	SEM:	CLASS:	ROLL NO:
DETAILS OF ABSENCE (for leave on more than 3 days, use additional leave form)	DATE:	PERIOD(S)	REASON
RECOMMENDATION OF THE GUARDIAN/ WARDEN	NAME:		
	SIGNATURE:		
	MOBILE NO:		
NAME AND SIGNATURE OF LEAVE RECOMMENDING AUTHORITY (FOR COLLEGE RELATED ACTIVITIES)	NAME:		
	SIGNATURE:		
WHETHER SUPPORTING DOCUMENT GIVEN	YES <input type="checkbox"/> NO <input type="checkbox"/>		
SIGNATURE OF APPLICANT			
DATE OF APPLICATION			
RECOMMENDATION OF THE FACULTY ADVISOR	NAME:		
	SIGNATURE WITH DATE:		
RECOMMENDATION OF THE HoD	NAME:		
	SIGNATURE WITH DATE:		