LEAVE APPLICATION FORM FOR STUDENTS

(Office of the Dean (AP), DA-IICT, Gandhinagar)

1. (a) Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (b) Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Type of Leave (Circle one)

(a) Medical (b) Academic/extracurricular

(c ) Family / personal (d) Any other, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Duration of Leave from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Brief explanation of the reasons for the leave
3. Provide course ID and the Name of Instructor (for which you have missed

lectures/labs / Exams (1st Insem/2nd Insem / End Sem ) tick as applicable)

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| Sl No | Course ID | Instructor |
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Signature of student

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verified and Certified by Campus Doctor with signature (in case of Medical reasons)

Date: Signature of Campus Doctor

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For office use

Application received on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved / Not Approved

Signature of Approving Authority

If Approved, instructors notified on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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