



**INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI**  
**DEPARTMENT OF MECHANICAL ENGINEERING**  
**LEAVE APPLICATION FOR M. TECH/PH.D STUDENT**

<b>Name (in Block Letters)</b>		PhD or M.Tech?					
Roll No.:	Course work completed? (Yes/No)	Name of the supervisor (if appointed):					
<b>Date of submission of application to ME Office</b>		<b>Signature of ME office staff verifying the information:</b>					
<b>Nature of leave ( Please Tick )</b>	Personal ( ) Academic* ( ) Medical ** ( ) Others (specify) _____						
<b>Reason of leave</b>							
<b>Period of Leave</b>	Leave applied	From		To		No. of days	
	Prefix (holidays)	From		To		No. of days	
	Suffix (holidays)	From		To		No. of days	
	Total number of days including prefix & suffix						
<b>Address while on leave</b>			Mobile No.:				
			IITG E-mail:				

**Please Note:** If information furnished is incorrect, appropriate action will be taken. An application incomplete even in the slightest detail will not be processed.

**#Signature of Teaching-Assistant Supervisor**

Name & Date:

**Signature of the applicant**

Date (a must):

Recommendation of Thesis Supervisor:

**#Signature of Thesis Supervisor** (with date)

**FOR OFFICE USE**

Sl. No.	Description	Personal	Academic	Medical
1	Leave available before this application			
2	Leave applied			
3	Leave after current sanction			
4	Previous leave availed			
5	Leave without scholarship			
6	Remarks			

Approved / Not approved

Date :

**Head of the Department**

\*For academic leave: Supportive documents (for conferences: conference details, paper acceptance invitation letter, copy of the paper. For seminars / field trips / visits to other institutes or R&D Labs or industries: Invitation letter, strong justification and recommendation from supervisor **in a separate page**) must be submitted preferably one month before the start of proposed leave.

\*\*For medical leave: Supporting medical documents and fitness certificate (see Annexure A overleaf) must be submitted.

#In case Supervisors (Thesis or TA) are on leave at the time of application, an email consent / recommendation from them must be attached.

**ANNEXURE A**  
**(Sample copy of Medical-Fitness Certificate)**  
(To be signed by the Institute Senior Medical Officer / Medical Officer)

This is to certify that Mr/Ms ..... , Roll No. .... was suffering from ..... S/he was advised rest for ..... days w.e.f. .... He is fit to rejoin his classes w.e.f. ....

**Place:**

**Name & Signature of the Medical  
Officer with Seal**

**Date:**