भारतीय सूचना प्रौद्योगिकी संस्थान, लखनऊ
INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, LUCKNOW
An Institute of National Importance by Act of Parliament

(APPLICATION FOR LEAVE BY THE STUDENTS IN (20%) PART OF ATTENDANCE IN EACH SUBJECT)

1. **Name of Suduent**_____**Enrollment No.**_____

2. **Hostel Address**_____

3. **Parents Mobile No.** _____**Parents Email id**_____

4. **Full Contact Address during leave period in case the visit is for a place other than Home Town**_____

    _____

5. **Period of Leave: (DDMMYYYY) From** _____/_____/_____ **To** _____/_____/_____ **Total** _____ **Days**

6. **Details of Holidays/Semester breaks if any suffixed or prefixed to the above**_____

    _____

7. **Reason for leave requested – (Specifies one out of - Totally personal/Any Interview/Medical/Any Programming or other Competition/Presenting of a Conference Paper/Any other etc.)**_____

    _____

8. **Whether parents request by E-mail is attached for proposed period of leave in case of personal leave Else, if for any other leave, proper support documents from concerned authority are enclosed (Y/N) ?** _____

    _____

Declaration: I, (Name with Enroll No. _____) hereby declare that all the information in this application are true. In case any of these is found False/Misleading I shall be liable to due disciplinary actions by the Institute.

I.	Kindly note that no personal leave application will be entertained without accompanying request of the Parent/Guardians wherein His/her parent has fully supported the reason for leave along with the period of leave.
II.	For Medical leave, the application should accompany the copy of the medical prescription slip & original medical certificate by the concerned MBBS Doctor from whose advice the treatment has been administered.

(Students Signature)

Mobile No._____

Date: - _____/_____/_____   **Leave Approved**
                                                                          HOD (IT)

Place: - _____