

AERB/OPSD/SRS/S1/P1

SVKM's NMIMS
Mukesh Patel School of Technology Management & Engineering

Application Form for Leave of Absence from Student

Date:

Name of Student:	Roll Number:
	SAP Number:
Contact Phone number:	Email ID:
Programme:	Branch :
Semester :	Division:
Parent's Contact number:	Email ID:

Reason of Absence : Medical <input type="checkbox"/> / Placement Activity <input type="checkbox"/> / Event Participation through College <input type="checkbox"/> / Death in family <input type="checkbox"/> / Other <input type="checkbox"/> (Tick '√' on appropriate reason of absenteeism)			
Dates: From _____ to _____ Total Days: _____ (dd/mm/yy) (dd/mm/yy)			
(Provide evidence wherever necessary) – Documents Attached YES <input type="checkbox"/> / NO <input type="checkbox"/>			
NOTE: Medical Certificate must be duly signed and stamped from Registered Physician			
Details of Lectures/ Practical's missed [Attach extra sheet if required]			
Name of Subject	Lecture- Date & Time	Practical Date & Time	Faculty Name
1.			
2.			
3.			
4.			
5.			
I hereby declare that the reasons stated above are genuine to the best of my knowledge. I undertake to maintain at least 80% attendance in each subject for the Semester. I understand that all Leave must remain within a maximum of 20% for each subject. I understand that I do not meet the course requirements in the event that my absence exceeds 20% and suitable action in accordance with the prevailing attendance rules may be taken by the management in this regard. I will be responsible for all term work / evaluations etc, which I missed during this absenteeism.			
Name & Signature of parents :		Signature of Student:	
Date:		Date:	

Approved by:

Signature of HOD/Chairperson
Date:

Signature of the Recipient and Date: _____

Note: This form along with supporting documents must be submitted within 3 days after resuming the college in case of unforeseen conditions [Sickness /Death in family etc.].

Name of Subject	Lecture- Date & Time	Practical Date & Time	Faculty Name
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