AERB/NPSD/PAS/S4/P5/2111/2025/005

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	/ Placement Activ	vity / Event Participation	through College	
/ Death in family / Oth	er [[(Tic	${f k}$ ' $\sqrt{\ }$ ' on appropriate reason ${f c}$	of absenteeism)	
Dates: From(dd/mm/yy)	to Total Days:			
(Provide evidence wherever	necessary) – Documents A	ttached YES / NO		
NOTE: Medical Certificate n	nust be duly signed and sta	mped from Registered Physici	<mark>an</mark>	
Details of Lectures/ Practical	's missed [Attach extra sh	eet if required]		
Name of Subject	Lecture- Date & Time	Practical Date & Time	Faculty Name	
1. 2. 3. 4. 5.				
2.				
<u>4</u>				
5.				
80% attendance in each subject for each subject. I understand t	et for the Semester. I underst hat I do not meet the course partit the prevailing attendance	o the best of my knowledge. I untand that all Leave must remain requirements in the event that me rules may be taken by the mananissed during this absenteeism.	within a maximum of 20% y absence exceeds 20% and	
Name & Signature of parents :		Signature of Student:		
Date:		Date:		
Approved by:				
Signature of HOD/Chairpe Date:	rson	Signature of the Recipient and D	ate:	

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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