

# AERB/OPSD/SRS/REGD

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:    |
|                          |              |

|   |                                 |                                  |                     |
|---|---------------------------------|----------------------------------|---------------------|
| <b>Reason of Absence :</b> Medical <input type="checkbox"/> / Placement Activity <input type="checkbox"/> / Event Participation through College <input type="checkbox"/><br>/ Death in family <input type="checkbox"/> / Other <input type="checkbox"/> (Tick '√' on appropriate reason of absenteeism )  |                                 |                                  |                     |
| Dates:<br>From _____ to _____ Total Days: _____<br>(dd/mm/yy) (dd/mm/yy)  |                                 |                                  |                     |
| ( Provide evidence wherever necessary ) – Documents Attached YES <input type="checkbox"/> / NO <input type="checkbox"/>   |                                 |                                  |                     |
| <b>NOTE: Medical Certificate must be duly signed and stamped from Registered Physician</b>  |                                 |                                  |                     |
| <b>Details of Lectures/ Practical's missed [Attach extra sheet if required]</b>   |                                 |                                  |                     |
| <b>Name of Subject</b>  | <b>Lecture- Date &amp; Time</b> | <b>Practical Date &amp; Time</b> | <b>Faculty Name</b> |
| 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.].**

| <b>Name of Subject</b> | <b>Lecture- Date &amp; Time</b> | <b>Practical Date &amp; Time</b> | <b>Faculty Name</b> |
|------------------------|---------------------------------|----------------------------------|---------------------|
| 1.                     |                                 |                                  |                     |
| 2.                     |                                 |                                  |                     |
| 3.                     |                                 |                                  |                     |
| 4.                     |                                 |                                  |                     |
| 5.                     |                                 |                                  |                     |
| 6.                     |                                 |                                  |                     |
| 7.                     |                                 |                                  |                     |
| 8.                     |                                 |                                  |                     |
| 9.                     |                                 |                                  |                     |
| 10.                    |                                 |                                  |                     |
| 11.                    |                                 |                                  |                     |
| 12.                    |                                 |                                  |                     |
| 13.                    |                                 |                                  |                     |
| 14.                    |                                 |                                  |                     |
| 15.                    |                                 |                                  |                     |
| 16.                    |                                 |                                  |                     |
| 17.                    |                                 |                                  |                     |
| 18.                    |                                 |                                  |                     |
| 19.                    |                                 |                                  |                     |
| 20.                    |                                 |                                  |                     |
| 21.                    |                                 |                                  |                     |
| 22.                    |                                 |                                  |                     |
| 23.                    |                                 |                                  |                     |
| 24.                    |                                 |                                  |                     |
| 25.                    |                                 |                                  |                     |
| 26.                    |                                 |                                  |                     |
| 27.                    |                                 |                                  |                     |