AERB/OPSD/SRS/S1/P1/1111/2025/001

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: Medica	l / Placement Activ	vity / Event Participation	n through College	
/ Death in family / Oth	ner (Tic	ek'√' on appropriate reason o	of absenteeism)	
Dates: From(dd/mm/yy)	to(dd/mm/yy)	Total Days:		
(Provide evidence wherever	necessary) – Documents A	ttached YES / NO		
NOTE: Medical Certificate 1	must be duly signed and sta	mped from Registered Physici	<mark>an</mark>	
Details of Lectures/ Practica	l's missed [Attach extra sh	eet if required]		
Name of Subject	Lecture- Date & Time	Practical Date & Time	Faculty Name	
1.				
2. 3.				
4.				
5.				
80% attendance in each subject for each subject. I understand suitable action in accordance v	ct for the Semester. I unders that I do not meet the course with the prevailing attendance	o the best of my knowledge. I un tand that all Leave must remain requirements in the event that m e rules may be taken by the mana missed 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/Chairperson Date:		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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