AERB/OPSD/SRS/S1/P2/1112/2025/001

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: Medical		vity / Event Participation			
Dates: From(dd/mm/yy)	to(dd/mm/yy)	Total Days:			
(Provide evidence wherever	necessary) – Documents A	ttached YES / NO			
NOTE: Medical Certificate r	nust be duly signed and sta	mped from Registered Physici	<mark>an</mark>		
Details of Lectures/ Practical	's missed [Attach extra sh	neet if required]			
Name of Subject	Lecture- Date & Time	Practical Date & Time	Faculty Name		
1. 2. 3.					
3.					
4.					
5.					
80% attendance in each subject for each subject. I understand t	et 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 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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