## AERB/NPSD/DSS/S6/P7

## 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	n through College		
/ Death in family / Oth	er (Tic	${f ck}$ ' $\sqrt{\ '}$ on appropriate reason (	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	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.					
80% attendance in each subject for each subject. I understand suitable action in accordance v	et for the Semester. I unders that I do not meet the course with the prevailing attendance	o the best of my knowledge. I ust tand 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/Chairperson Date:		Signature of the Recipient and D	vate:		

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
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.			