

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

| Name of Subject | Lecture- Date & Time | Practical Date & Time | Faculty Name |
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