

STUDENT LEAVE APPLICATION FORM

This form is to be used by the students for all leave applications including medical leave. All medical leave applications must be supported by a valid medical certificate and submitted to the office of HOD of concerned department not later than seven days after expiry of the leave.

Name of the Student : _____

Branch/Class : _____

Roll. No. : _____

Duration of Leave : **From** _____ **To** _____

Nature of Leave : **Medical** ☐ **Other** ☐

Reason for Leave :

Signatures of Student

Verified by:

Approved by:

(Class In-charge)

(Head of the Department)

Diary No. _____ Date: _____

Note:-

1. Absence of the student during leave should be duly verified by class in-charge.
2. It should be approved by the respective HOD, diariied; and record of the same should be maintained by the respective class in-charge.