



INDIAN INSTITUTE OF TECHNOLOGY BHILAI
Bhilai, Durg-491001

STUDENT LEAVE FORM

Name :

ID No. :

Program :Semester : Disc:.....

Period of Leave : From: To:

Total No. of days :Type of Leave: CL/VL/ML/AL
(Choose appropriate type: CL - Casual Leave, VL - Vacation Leave, ML* - Medical Leave, AL* - Academic Leave)

Reason for leave/absence :

Phone/Mobile :

Date:

Signature:
Name:

Balance leave available: _____ days
(To be filled by Academic Section)

Recommended / Not Recommended

Recommended / Not Recommended

Signature of the TA in-charge:

Signature of the Guide:

Name:

Name:

Date:

Date:

Recommended/ Not Recommended/
Approved/Not Approved

Recommended/ Not Recommended/
Approved/Not Approved

Recommended/ Not Recommended/
Approved/Not Approved

DPGC/DUGC Convener

HoD

DoAA

(For AL only)

(For AL only)

Date:

Date:

Date:

For Office Use only:

Dealing Asst. (Academic Section)

Name:

Date:

In case of medical leave, attach Medical Certificate from Medical Officer, IIT Bhilai. Must submit fitness Certificate from Medical Officer, IIT Bhilai at the time of joining back. DUGC/DPGC conveners can approve medical leave upto 9 days.

* In case of academic leave, If the total duration of absence from institute is less than or equal to 15 days, head of the department shall be the approving authority. If the total duration of absence from institute is more than 15 days and less than or equal to 30 days, DoAA shall be the approving authority. In all other cases, approval of the senate shall be obtained through DoAA.

N.B: The sanctioning authority for CL/VL will be the respective DPGC/DUGC convener.