



RCMAS
RAJAGIRI COLLEGE OF MANAGEMENT &
APPLIED SCIENCES

STUDENTS LEAVE APPLICATION
(TEACHER'S COPY)

Name of Student : _____

Roll No. : _____

Programme : _____

No. of days/hours of absence : _____

Date/s of absence : _____

Reason for leave : _____

No. of leaves availed previously : _____

Signature of Student : _____

Signature & Name of (Parent/Guardian) : _____

: _____

Batch Co-ordinators Signature & Remark : _____

: _____

Signature of HOD : _____

Date of application : _____



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