

Leave Application for Student

**Class Coordinator,
Sumatidevi Tompe Institute of
Pharmaceutical Science & Research,
Chandur Bazar.**

Subject: Application for Leave.

Applicant: _____

Respected Sir/ Madam,

I am _____, a student of D. Pharm / B. Pharm _____ Year at Sumatidevi Tompe Institute of Pharmaceutical Science & Research, Chandur Bazar. I am writing to request leave from college from _____ to _____ due to _____.

I kindly request you to grant me leave for the mentioned period. I will ensure to catch up on any missed lectures and assignments upon my return.

Name & Sign. of Student

Class _____

Academic Year _____