

DR B R AMBEDKAR NATIONAL INSTITUTE OF TECHNOLOGY
APPLICATION FOR CASUAL / ACADEMIC/ MEDICAL LEAVE
FOR THE STUDENTS OF Ph. D / M. TECH

Name of the student _____

Roll No. _____

Semester _____

Department _____

Date of Leave _____

Ground on which _____

Leave is applied _____

Address during Leave _____

Signature of the Student

Signature of M Tech/ PhD Coordinator

C.L./A.L._____ Due Days

C.L./A.L granted for _____ Days

Entered at Sr. No. of Leave Register_____

(Signature of HOD)