

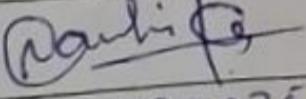
GLA University, Mathura

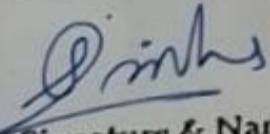
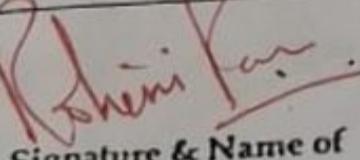
STUDENT LEAVE APPLICATION FORM

Name of the Student	Vanshika Kushwah	Father's Name	Mrs. Parvati Babu
University Roll No.	2415500502	Course	B.Tech
Year/Semester	II nd / 3 rd Sem	Branch	(S (AIML))
Section	2B	Session	2025-26
Name of Event	Devathon	Mobile No.	6398032549

Current Status of Attendance			
Subject Code	Attendance	Subject Code	Attendance
BCSU 0153	90.48	BCSJ 0006	66.67
BCSC 0004	90.48	BCSE 0701	88.96
BMAS 0108	90	BCSE 0713	88.8

Date	Period (Time)		Subject Code/Name	Faculty Name
	From	To		
10/10/25	10am	11am	Digital Logic Design	Amit Das
	11am	12pm	Operating System	Rohini Raina
10/10/25	12pm	1pm	Probability and Statics	Shivani
	2pm	3pm	Industrial Certification	Vaibhav Pratap
10/10/25	3pm	4pm	Introduction of ML	Ruby Maam
	4pm	5pm	Introduction of DV (Lab)	Pawan Kumar
	5pm	6pm	Introduction of DV (Lab)	Pawan Kumar

Signature of the Student		Date: 10/10/2025
Contact No.:	6398032549	

 Signature & Name of Event Coordinator	 Signature & Name of CA	Signature & Name of Year Coordinator	Signature & Name of HoD
Remark (if any)			

Approved

Director

GLA University, Mathura

STUDENT LEAVE APPLICATION FORM

Name of the Student	Vanshika Kushwah	Father's Name	Mr. Purwas Babu
University Roll No.	2415500502	Course	B.Tech
Year/Semester	2 nd / III	Branch	CS (AIML)
Section	2B	Session	2025 - 26
Name of Event	Devathon	Mobile No.	6398032549

Current Status of Attendance

Subject Code	Attendance	Subject Code	Attendance
BCSG 0153	90.48%	BCSJ 006	66.71%
BCSC 0004	90.48%	BCSG 0752	100%
BMAS 0108	90%	BCSE 0731	80.89%

Details of Leave

Date	Period (Time)		Subject Code/Name	Faculty Name
	From	To		
9/10/25	10:00	11:00	Digital logic Design	Amit Dass
9/10/25	12:00	1:00	Probability & Statistics	Shivani kushwah
9/10/25	1:00	2:00	Operating System	Rohini Rang
9/10/25	2:00	4:00	Digital logic Design	Nejana Bhardwaj
9/10/25	4:00	5:00	Introduction to ML	Ruby Panwar
9/10/25	5:00	6:00	Industrial Categorical II	Vaibhav Pratap Singh

Signature of the Student

Date:

9/10/25

Contact No.:

6398032549

Signature & Name of Event Coordinator

Signature & Name of CA

Signature & Name of Year Coordinator

Signature & Name of HoD

Remark (if any)

Approved

Director