

**Student Leave Application Form**

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| Name of Student |  |
| Registration No. |  |
| Name of Department & Course  |  |
| Semester/Year  |  |
| Leave  | From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
| No. of Days Leave  |  |
| Purpose of Leave  |  |
| Address while on leave  |  |
| Contact no. during leave  |  |
| E-Mail Id |  |
| Student’s Signature with Date  |  |
| Signature of HoD /Faculty-in-Charge  |  |
| Signature of Guide ( Department) |  |
| Signature of Warden |  |
| Signature of Hostel-in-Charge/Hostel Supervisor  |  |

 **For Office Use**

Leave Records:-

|  |  |
| --- | --- |
| Total Leave Availed  | Balance of Leave  |
|  |  |

Signature of Academic Leave Section (for maintaining record)