

**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)