

APPLICATION FOR LEAVE

DATE: /...../..... , DAY.....

NAME OF INSTITUTION
FULL NAME
DEPARTMENT
YEAR AND BATCH
PREVIOUS LEAVE TAKEN
TOTAL ACADEMIC DAY COMPLETED TILL DATE
DAYS OF LEAVE REQUIRE & DATE
REASON FOR LEAVE
SIGNATURE OF PARENT WITH DATE
SIGNATURE OF STUDENT WITH DATE
REMARKS AND SIGNATURE OF CLASS IN CHARGE WITH DATE
REMARKS AND SIGNATURE OF HOD WITH DATE

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