



Student Leave Application Form

Name of Student	
Registration No.	
Name of 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 Warden	
Signature of Administrative Officer	
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)