



## Form

### Application for Leave

*(For students only)*

Full name: \_\_\_\_\_

Unit: \_\_\_\_\_

Type of leave: Casual leave / Medical Leave<sup>#</sup> / Leave on duty\* (Tick appropriate)

Leave duration: From \_\_\_\_\_ to \_\_\_\_\_

Reason: \_\_\_\_\_

Address during leave: \_\_\_\_\_

# Student rules will be followed. CMO, JNCASR certified leave to be attached with this form and medical fitness to be submitted on joining.

\*Applicable to students attending workshops, conferences within or outside the country

#### Forwarded through

Signature of the Thesis Supervisor(s)

Signature of the Deputy Controller of Examinations

Signature of the student

Date:

Place:

Cc to Warden