



Form

Application for Leave

(For students only)

Full name: _____

Unit: _____

Type of leave: Casual leave / Medical Leave[#] / 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 Academic Coordinator

Signature of the student

Date:

Place:

Cc to Warden