

INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH BHOPAL
Academic Section

Leave Application form for UG/PG Students

Name of Student: _____ Roll No. _____

Dept/Branch: _____ Hostel Address: Hall No. _____ Room No. _____

Current Registration:

Sr.No.	Course No.	Instructor I/c	Department
1			
2			
3			
4			
5			

Leave applied for (Mention the dates of leaves)

A. Casual Leave: From _____ to _____ B. Medical Leave: From _____ to _____
(Maximum 7 days per sem.) (Maximum 15 days per sem.)

Note:

- a) Medical Certificate to be attached for medical leave
- b) Total leave for a period exceeding two weeks in a semester may usually not be sanctioned.

Purpose of Leave: _____

Address during leave: _____

Date: _____

Signature of Student

Leave availed earlier this Semester _____

Dealing Assistant

Signature of Thesis Supervisor
(For PhD candidate)

Signature of Dept. Coordinator
(for 3rd Year UG student)

Permitted/Not Permitted

Academic Coordinator