

**Leave Application Form for Students**

**(Less than 3 days)**

Date : \_\_\_\_\_

1. Name of Student :
2. Course : BDS / MDS
3. Year :
4. Branch :  
(Applicable for MDS)
5. Registration No. :
6. No. of days :  
(If half day mention FN / AN)
7. Reason :
8. Proof enclosed : Yes / No  
(In case of Leave on Medical granted)
9. Any Test / Exam during the Period of Leave : Yes / No

*Signature of / Parent / Guardian / Warden*

*Signature of Student*

*Signature of HOD*

*Signature of Student's Counsellor*

*Academic Cell*

*Principal's Signature*