

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