



Students Leave Application

Name of Student: _____

GRN No: _____ Roll No: _____ Residence at Hostel: Yes/No

Class: BAMS: 1st Yr/2nd Yr/3rd Yr/ Final Year

Duration of Leave:

From : / /20 _____ day to : / /20 _____ day

Nature of Leave: Medical/Other - _____

Mention detail reason for Leave:

Signature of Student

Date of Application: / /20

Verified by

Signature

Hostel Rector

Verified by

Signature

Name of Mentor

Approved By

Signature

Class In-charge Faculty/ HOD

Note:

- This form is to be used by students from all programs for all Leave application.
- In case of Medical Leave, Valid Medical Certificate, Medical Documents and Fitness Certificate should be attached with Leave application at the first day of rejoining.
- Approval of leave doesn't mean that leaves will be counted in attendance Present days.
- Mentor should keep this application & enter the leave details in Mentorship Log Book.



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