

DEPARTMENT OF AEROSPACE ENGINEERING

LEAVE APPLICATION FORM FOR PG STUDENTS

Name of	Student:		BT-MT Dual / M.Tech / Ph.D
Roll No: Hoste		Hostel Address: Room No	Hostel No
CURREN'	T REGISTRATION :		
	Course No.	Instructor-Incharge	
	PPLIED FOR: (Mention	-	
1. Casual	Leave:		(Maximum of 6 days during the semester)
be combin	ed with any other kind of l	n 6 days during a semester and 4 days eave, and will not be carried over.	during the summer term. The Casual leave cannot
			(Maximum of 8 days during the semester)
		n 8 days per semester and 4 days durin	=
3. Persor	iai Leave:		Maximum of 10 days during the semester
in progress	= -	imum of 10 days. However, this 10-day	cap will not be enforced when semesters are not over to the next semester in the academic year up
NOTE: A	ttach medical certifica	te for medical leave.	
Purpose	of Leave:		
Address	of Leave:		
I certify t	that no examination h	as been scheduled during this pe	riod.
Dated:		_	
		_	(Signature of Student)
Recommended / Not Recommended		ended R	ecommended / Not Recommended
Thesis Su	ıpervisor	Ē	PGC Convener
		Leave Sanctioned / Not	

Head