

INDIAN INSTITUTE OF TECHNOLOGY KANPUR
Academic Section

Leave Application form for UG Student

Name of Student: _____ Roll No. _____

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

CURRENT REGISTRATION:

Sl. No.	Course No.	Instructor Incharge	Department

Leave applied for (Mention the dates of leave)

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

(Mob. No.): _____

Signature of Program Advisor
(For BT-MT Dual Degree)

Signature of TA Advisor
(For BT-MT Dual Degree)

Signature of DUGC Convener

Leave availed earlier this Semester _____

Dealing Assistant

Permitted / Not Permitted

Chairman, SUGC