

**INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH BHOPAL**  
**Academic Section**

**Leave Application form for UG/PG Students**

Name of Student: \_\_\_\_\_ Roll No. \_\_\_\_\_

Dept/Branch: \_\_\_\_\_ Hostel Address: Hall No. \_\_\_\_\_ Room No. \_\_\_\_\_

Current Registration:

Sr.No.	Course No.	Instructor I/c	Department
1			
2			
3			
4			
5			

Leave applied for (Mention the dates of leaves)

A. Casual Leave: From \_\_\_\_\_ to \_\_\_\_\_ B. Medical Leave: From \_\_\_\_\_ to \_\_\_\_\_  
(Maximum 7 days per sem.) (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

Leave availed earlier this Semester \_\_\_\_\_

\_\_\_\_\_  
Dealing Assistant

\_\_\_\_\_  
Signature of Thesis Supervisor  
(For PhD candidate)

\_\_\_\_\_  
Signature of Dept. Coordinator  
(for 3<sup>rd</sup> Year UG student)

*Permitted/Not Permitted*

Academic Coordinator