



DEPARTMENT OF HUMANITIES AND SOCIAL SCIENCES

LEAVE APPLICATION FORM FOR PG STUDENTS

Name of Student: _____ Roll No: _____ Ph.D Discipline _____

Academic Year _____ Semester _____ Hostel Address: Room No. _____ Hostel No. _____

CURRENT REGISTRATION :

S.No.	Course No.	Instructor-Incharge

LEAVE APPLIED FOR: (Mention the dates of leave)

1. Casual Leave: _____
(Maximum of 6 days during the semester)

Leave will not allowed for longer then 6 days during a semester and 4 days during the summer term. The Casual leave cannot be combined with any other kind of leave, and will not be carried over.

2. Medical Leave: _____
(Maximum of 8 days during the semester)

Leave will not allowed for longer then 8 days per semester and 4 days during the summer.

3. Personal Leave: _____
(Maximum of 10 days during the semester)

Leave during the summer up to maximum of 10 days. However, this 10-day cap will not be enforced when semesters are not in progress and during the summer term. Unavailed leave may be carried over to the next semester in the academic year up to a maximum of 15 days.

NOTE: Attach medical certificate for medical leave.

Purpose of Leave: _____

Address of Leave: _____

I certify that no examination has been scheduled during this period.

Dated: _____

(Signature of Student)

Recommended / Not Recommended

Recommended / Not Recommended

Thesis Supervisor

DPGC Convener