



Medical / Maternity / Long Leave / Semester Drop Application for Students

Name of the Scholar	:	
Roll Number	:	
Department	:	
Program	:	BTech / MTech / MSc
Type of Leave	:	Medical Leave / Maternity Leave / Long Leave / Semester Drop
Leave applied for	:	From:_____ To:_____

Reason for Leave¹:

Date: _____

Signature of Applicant

Recommendation of the Guide/Project Mentor (if any):	Recommendation of the Faculty Advisor	Approval of the Program Coordinator	Approval of the Head of the Department:
Recommended/Not Recommended	Recommended/Not Recommended	Recommended/Not Recommended	Approved/Not Approved
Name and Signature	Name and Signature	Name and Signature	Name and Signature

Leave form should be submitted through Department Office

For use by Academics Section

Balance of leave as on date	Leave applied for (no. of days)	Balance	Remarks (Senate Approval Required and taken, not required as per regulations, etc)

Dealing Staff

Officer In-charge (Academics)

Recommended/Not Recommended	Sanctioned/Not Sanctioned
Associate Dean (Academics, UG/PG)	Dean (Academics)

¹ Enclose supporting documents such as medical certificate, internship offer, undertaking (only in case of Internship) etc.