

**DISTRICT INSTITUTE OF EDUCATION AND TRAINING : LAWNGTLAI**



**LEAVE APPLICATION FORM FOR STUDENT**

**A. PARTICULARS**

1. Name of student : \_\_\_\_\_
2. Roll. No.: \_\_\_\_\_ 3. Semester: \_\_\_\_\_ 4. ID no.: \_\_\_\_\_
5. Mobile No. of Parents: \_\_\_\_\_

**B. LEAVE DETAILS**

1. Leave applied for \_\_\_\_\_ days, w.e.f. \_\_\_\_\_ to \_\_\_\_\_
2. Total leave already taken: \_\_\_\_\_ of working days.
3. Places of stay during leave: \_\_\_\_\_
4. Specific reasons of leave request :
  - (a) \_\_\_\_\_
  - (b) \_\_\_\_\_

*(If leave is require due to illness, the application shall be supported by a medical certificate issued by a Registered Medical Practitioner.)*

**C. DECLARATION**

- (a) *I understand that it is my responsibilty to maintain 80% attendance for appearing in the Semester Examinations and this leave request will not come in the way of completing attendance requirement.*
- (b) *I understand that disciplinary action shall be taken against me, if I will not return after completion of leave.*

Date : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

(Full signature of student)

Recommendations of Discipline Incharge

\_\_\_\_\_  
\_\_\_\_\_

(Signature of Discipline Incharge with date)