

NIRMA UNIVERSITY
INSTITUTE OF LAW
MEDICAL / GENERAL LEAVE APPLICATION FORM FOR STUDENTS

To : Officer on Special Duty

Respected Madam/Sir,

I request you to sanction leave as per the details given below:

Even/Odd Semester
Date: _____

1. Name of the Student: _____
2. Roll No.: _____
3. Semester: _____ Division: _____
4. Leave applied for: () Days from _____ to _____
5. Reason for leave: _____

(If on medical ground attach certificate from Registered Medical Practitioner.)

A). Medical Certificate: Details : _____
 Attached Not Attached Not Applicable

B). Personal Leave: Details : _____

6. My absenteeism will affect:

Class Test Mid Sem Exam Sem End Exam Project Consultation
 TA/ Assignments / Exam Tutorial/Assignment CE

7. Leave availed so far: _____ Days

Signature of Applicant

Leave: Sanctioned/Not Sanctioned

Specific remarks of the Convenor : _____

Sign of O.S.D

Note : Medical Certificates / supporting documents are to be necessarily enclosed with the Leave Application

Acknowledgement for Submission of Leave Form

Received the Leave Application From (Name) _____

Roll No. _____ on dated _____ for the Leave Period from _____ to _____

Sign of O.S.D