## **APPLICATION FOR LEAVE**

Admn. No.	:	
Name (In Block Letters)	:	
Class	:	
No.of days and dates of leave required	:	
Reason for taking leave	:	
(State whether Medical Certificate or		
any other document is attached)		
Recommendation of Group Tutor	:	
Signature of the student	:	Signature of Guardian/ Parent
Date	:	