

Indian Institute of Technology Hyderabad

**Student Leave Form**



Name:

Roll No.:

Program: B.Tech/ M.Sc./ M.Phil./M.A/M.Tech./Ph.D. Semester: Branch: Period of Leave: From: To:

Total No. of days leave:

Reason for leave/absence:

Supporting documents attached:

(In Case of Medical Leave Please attach Medical Certificate & Fitness Certificate)

Phone/Mobile:

Date: Signature:

Name:

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# Leave Sanctioned / Not Sanctioned

Signature of the Guide Signature of the Sanctioning authority (HoD/DPGC)

Name: Name:

Date: Date:

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# For Office Use only:

Balance leave available: days

Dealing Asst. (Academic Section) Name:

Date: