



**ABDUS SALAM SCHOOL OF MATHEMATICAL SCIENCES**  
**STUDENT LEAVE APPLICATION FORM**

FULL NAME	
ROLL NO	
BATCH NO	

Leave Type:

FULL

HALF

SHORT

From: \_\_\_\_\_ To: \_\_\_\_\_ No. of Days (s) / Hours (s): \_\_\_\_\_

Leave Category:

Casual

Sick\*

Study

Any Other \_\_\_\_\_

REASON \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Detail of Documents / Proof: (if attached)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECOMMENDATIONS**

APPROVED

REFUSED

Director General / Director: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Leave Record	Casual	Sick	Study
Previous Leave availed			
On This Form			
Total Leave availed			

Leave Recorded By: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

*\*In Case of Sick Leave, a valid medical certificate must be attached.*