



**Medical / Long Leave / Semester Drop Application for Students**

Name of the Student	:	
Roll Number	:	
Department	:	
Program	:	BTech / MTech / MSc
Type of Leave	:	Medical Leave / Long Leave / Semester Drop
Leave applied for	:	From: _____ To: _____

**Reason for Leave<sup>1</sup>:**

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

**Signature of Applicant**

Recommendation of the Guide/Project Mentor (if any):	Recommendation of the Faculty Advisor	Recommendation of the Program Coordinator (if applicable)	Recommendation of the Head of the Department:
Recommended/Not Recommended	Recommended/Not Recommended	Recommended/Not Recommended	Approved/Not Approved
<b>Name and Signature</b>	<b>Name and Signature</b>	<b>Name and Signature</b>	<b>Name and Signature</b>

*Leave form should be submitted through Department Office*

**For use by Academics Section**

Balance of leave as on date	Leave applied for (no. of days)	Balance	Remarks (Senate Approval Required and taken, not required as per regulations, etc)

**Dealing Staff**

**Officer In-charge (Academics)**

Recommended/Not Recommended	Sanctioned/Not Sanctioned
<b>Associate Dean (Academics, UG/PG)</b>	<b>Dean (Academics)</b>

<sup>1</sup> Enclose supporting documents such as medical certificate, internship offer, undertaking (only in case of Internship) etc.