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| E:\GENERAL DATA\LOGO\BIT Logo-2016.png | **Waljat College of Applied Sciences****(In academic partnership with BIT)** | E:\GENERAL DATA\LOGO\waljat logo New.jpg |

**STUDENT LEAVE APPLICATION FORM (A)**

TO

THE HOD APPLICATION NO:……………...

DEPARTMENT :……………………………………………………………………………

NAME :…………………………………………………………………………….

ROLL NO :................................ SEMESTER/SECTION: …………../………...

LEAVE DETAILS : FROM………………………. TO .........................................................

NO. OF DAYS :....................................................................................................

REASON :……………………………………………………………………………

DOCUMENTS ATTACHED :…………………………………………………………………............................

(ORIGINAL)

STUDENT SIGNATURE :………………………………………..DATE :…………………………………………………

HOD RECOMMENDATION:

HOD SIGNATURE:

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**ACKNOWLEDGEMENT SLIP**

STUDENT LEAVE APPLICATION FORM (A)

**(FOR STUDENT)**

**APPLICATION NO: ……………………… DATE: ……………………………………**

**HOD / PROGRAM COORDINATOR SIGNATURE: ………………………………….**

*\* The approval of the leave shall be granted at the end of the semester as per rules (maximum 15% of the classes held in a subject).*