भारतीय सूचना प्रौद्योगिकी संस्थान, लखनऊ
INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, LUCKNOW
An Institute of National Importance by Act of Parliament

विद्या ददाति विनयं विनयाद् याति पात्रताम्

(APPLICATION FOR LEAVE BY THE STUDENTS IN (20%) PART OF ATTENDANCE IN EACH SUBJECT)

1. **Name of Suduent**_____**Enrollment No.**_____

2. **Hostel Address**_____

3. **Parents Mobile No.** _____**Parents Email id**_____

4. **Full Contact Address during leave period in case the visit is for a place other than Home Town**_____

   _____

5. **Period of Leave: (DDMMYYYY) From** ____/____/_____ **To** _____/____/_____ **Total** _____ **Days**

6. **Details of Holidays/Semester breaks if any suffixed or prefixed to the above**_____

   _____

7. **Reason for leave requested – (Specifies one out of - Totally personal/Any Interview/Medical/Any Programming or other Competition/Presenting of a Conference Paper/Any other etc.)**_____

   _____

8. **Whether parents request by E-mail is attached for proposed period of leave in case of personal leave Else, if for any other leave, proper support documents from concerned authority are enclosed (Y/N) ?** _____

   _____

Declaration: I, (Name with Enroll No. _____) hereby declare that all the information in this application are true. In case any of these is found False/Misleading I shall be liable to due disciplinary actions by the Institute.

I. **Kindly note that no personal leave application will be entertained without accompanying request of the Parent/Guardians wherein His/her parent has fully supported the reason for leave along with the period of leave.**
II. **For Medical leave, the application should accompany the copy of the medical prescription slip & original medical certificate by the concerned MBBS Doctor from whose advice the treatment has been administered.**

(Students Signature)

Mobile No._____

Date: - ____/____/_____

Place: - _____

Leave Approved
HOD (IT)