



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

Leave Application Form for PhD Student

1. Name of Student _____ Enrollment No. _____
2. Current Address _____
3. Parents' Mobile No. _____ Parents' Email id _____
4. Address during leave _____

5. Period of Leave: (DD/MM/YYYY) From ___/___/___ To ___/___/___ Total _____ Days
6. Reason for leave requested – (Specifies one out of - Personal/Any Interview/Medical/Any Programming or other Competition/Presenting a Conference Paper, etc.) _____

7. Whether proper support documents from concerned authority are attached?
(Y/N/Not Applicable) _____

Declaration:

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

Note: The leave form should be accompanied by supporting documents duly signed by concerned authority, except in case of personal reasons.

(Signature of the Student)

Mobile No. _____

Date: - ___/___/___

Signature of
Thesis Supervisor(s)