



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.*