

STUDENT LEAVE FORM

No.

Date :

Name of the Student :

Department :

Class :

Roll No.:

Nature of Leave : Leave / Medical / On Duty

Date(s) of Leave / OD required :

Reason for leave / nature of OD :
(For medical leave, Medical certificate
should be attached)

Signature of the Student :

Signature of the Parent/Guardian :

Name & Signature of the Staff :
assigned duty (for OD only)

Recommended / Not Recommended

Student counselor Class-in-Charge Head of the Dept. Vice-Principal

For office use only :

Leave / OD entered in the Master attendance Register

Attendance-in-charge

Note : Please return this leave / OD form to the Department after the entry

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