

ETERNAL UNIVERSITY, BARU SAHIB



STUDENTS LEAVE APPLICATION

1. Name of the student :
2. Name of College :
3. Registration Number :
4. Class :
5. No. of days : () From (dd/mm/yyyy) to (dd/mm/yyyy)
() to ()
6. Brief reason for leave :
7. (M) no & address during leave :
8. I hereby declare that I will not overstay the leave granted to me. I am aware that I will be fined at the rate of Rs. 200/- per day for each day of over stayed leave. Without proper intimation.

Date: _____ Signature of Applicant

RECOMMENDATION OF THE ADVISOR/ CLASS INCHARGE

Recommended /Not Recommended

Date: _____ Signature of Advisor Class In-charge

REMARKS OF THE PRINCIPAL/DEAN

Sanctioned/ Not Sanctioned (if more than 4 days)

Date: _____ Signature of Principal/ Dean

LEAVE CERTIFICATE

(Handed over by the student to Hostel Warden for issuing Release-cum-Barrier Pass)

For weekend leave no need of sanction Class In-charge or Dean or Principal

Name _____ Roll.No. _____ Course _____

Class _____ has been sanctioned leave from _____ to _____.

Signature of Hostel Warden

DSW (with seal)

Class teacher Register no.

Warden Register no.