INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI ACADEMIC AFFAIRS SECTION

**LEAVE APPLICATION FORM**

**(for M.Tech/MDes/MS(R)/PhD./Dual Degree programs)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Name(IN BLOCK LETTERS) |  | | | | | | | | | |
| 2. | Department/Centre/School |  | | | | | | | | | |
| 3. | Roll No. |  | | | | | | | | | |
| 4. | Nature & Period of Leave (Academic/ Personal/ Medical/ Unauthorized) | Nature | | | From | | To | | | No. of days | |
|  | | |  | |  | | |  | |
|  | | |  | |  | | |  | |
| 5. | Holidays, Prefixing/ Suffixing | Prefix | From: | | | To: | | | No. of days: | | |
| Suffix | From: | | | To: | | | No. of days: | | |
| 6. | Reason for Leave |  | | | | | | | | | |
| 7. | Whether Station Leave permission required or not | | | Yes, From: | | | | To: | | | NO |
| 8. | Address while on leave |  | | | | | | | | | |
| Phone: E-mail: | | | | | | | | | |

(Signature of the student) Date:

Recommended/Not Recommended Recommended/Not Recommended (Signature of TA Faculty) (Supervisor’s Signature)

**FOR OFFICE USE**

|  |  |  |
| --- | --- | --- |
| i. | Leave available before this application |  |
| ii. | Leave applied |  |
| iii. | Balance after current sanction |  |
| iv. | No. of days without scholarship |  |

**Approved/Not approved/Recommended**

**Date: (Signature of the Head of Department/Centre/School)**

**Date: Approved/Not approved**

**(Signature of ADOAA(PG)/DOAA)**

Leave form additional part for the Department of Chemistry



Department of Chemistry

रसायनिकी निभाग

Indian Institute of Technology Guwahati

भारतीय प्रौद्योनगकी संस्थाि गुिाहाटी

Guwahati – 781 039, Assam, India

गुिाहाटी - 781 039, असम, भारत

**Office of the**

**Department of Chemistry**

1. Name:
2. Leave Period:
3. Mention whether associated with any course as TA

Answer: **Yes/No**; (please tick one) Course name (if **Yes)** ………………..

1. If **Yes,** please mention the details of the replacement
   1. Name of the replacement:
   2. Roll No. of the replacement:
   3. Contact no. of the replacement:
   4. Date of replacement:

(Signature of the student/applicant) (Signature of the replacement student)

(Signature of TA Faculty)