

PhD students Leave\OD Application

Name of the Student									
Department				Name of the Supervisor					
Leave Applied for	CL			ML			OD		
Leave\OD Applied	From:			To:		No. of Days:			
Purpose									
Date of Application:				Signature of the Applicant					
Recommendation & signature of the Research Supervisor				CL	ML		OD		
				Recommended / Not Recommended					

Leave is Approved / Not Approved

Head of the Department