Shree Saptashrungi Ayurved Mahavidyalaya & Hospital

Kamal Nagar, Hirawadi, Panchvati, Nashik

Students Leave Application

Name of Student : _____

GRN No:_____   Residence at Hostel : Yes / No

Class : BAMS : 1st Yr / 2nd Yr / 3rd Yr/ Final Year

Post Graduate: 1st Yr / 2nd Yr / 3rd Yr   Course name – _____

Duration of Leave:
    From   /   /20 _____day To   /   / 20 _____day

Nature of Leave: Medical / Other - _____

Mention detail reason for Leave: _____
_____
_____
_____

Signature of Student
Date of Application: /   / 20

Verified by   **Verified by**   **Approved By**

Signature of Hostel Rector   Signature & Name of Mentor   Class In-charge Faculty/ HOD
                                                                    of Dept.- PG Student

Note :

- This form is to be used by students from all programs for all Leave application.
- In case of Medical Leave ,Valid Medical Certificate , Medical Documents and Fitness Certificate should be attached with Leave application at the first day of rejoining.
- Approval of leave doesn't mean that leaves will be counted in attendance – Present days.
- Mentor should keep this application & enter the leave details in Mentorship Log Book.