



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)



Department of Chemistry
रसायनिकी विभाग
Indian Institute of Technology Guwahati
भारतीय प्रौद्योगिकी संस्थान गुवाहाटी
Guwahati – 781 039, Assam, India
गुवाहाटी - 781 039, असम, भारत

Office of the
Department of Chemistry

Leave form additional part for
the Department of Chemistry

1. Mention whether associated with any course as TA

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

2. If **Yes**, please mention the details of the replacement

- a. Name of the replacement:
- b. Roll No. of the replacement:
- c. Contact no. of the replacement:

(Signature of the student/applicant)

(Signature of the replacement student)

(Signature of TA Faculty)