



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)