Indian Institute of Technology Guwahati

Department of Mathematics

Leave Application for Ph.D Student

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Name(IN BLOCK LETTERS) |  | | | |
| 2. | Roll No. |  | | | |
| 3. | Leave Applied(Please tick) | Nature | From | To | No. of days |
| Academic/Vacation |  |  |  |
| 4. | Reason for Leave |  | | | |
| 5. | Address while on leave |  | | | |
| Phone: E-mail: | | | |

Date: Signature of the Applicant

Approval from the Instructor-in-Charge

(If you are associated with any teaching/Lab Course)

Recommended

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**

**Date:** **HEAD OF THE DEPARTMENT**

