

NATIONAL UNIVERSITY OF MODERN LANGUAGES

Department of Management Sciences
Leave Application Form (Up to 5 days only)

1. Name of the Student _____
2. Department / Class _____
3. Nature of leave _____
4. Period of leave applied for _____ / _____ / _____ to _____ / _____ / _____
5. Reasons _____

6. Address during leave _____
(including telephone No.) _____
7. Leave availed to date _____
8. Cumulative Attendance to date _____

Dated: _____

(Signature of the Applicant)

Leave Sanctioned /Not Sanctioned.

Dated: _____

Head of Department

Leave Certificate

Leave in respect of _____

_____ Course for _____ days wef. _____ to _____

is sanctioned

Individual Student

(Head of Department)

Leave Certificate

Leave in respect of _____

_____ Course for _____ days wef. _____ to _____

is sanctioned.

Concerned Deptt

(Head of Department)