

SOU. SHAILAJA SHINDE ARTS, SCIENCE & COMMERCE SENIOR COLLEGE, PEDHAMBE

STUDENT'S LEAVE APPLICATION FORM

Date:

To, The Principal

SOU. SHAILAJA SHINDE ARTS, SCIENCE
& COMMERCE SENIOR COLLEGE, PEDHAMBE
Chiplun 415602

Dear Sir/ Madam,

I have been absent from college from ____ to ____ . Total ____ days

I have taken leave for the following reason.

Reason for leave: _____

Kindly excuse my absence.

Yours faithfully,

(Signature of the student)

Name of the Student: _____

Class: __ Division: __

Roll No: ____ Contact no: _____

Signature of the Parent: ____ Name of the Parent: _____

(Signature of the Prof-in-charge) _____ Name of the Prof-in-charge _____

(For any leave taken to participate in Academic/ Cultural/ Sports events to represent college,)

Date:

Signature of the Mentor _____

Name of the Mentor _____

Date: _____

*Note: 1.All letters must be addressed to the Principal but to be submitted to the Class Mentor. 2.In case of Leave on medical grounds, a Doctor's Certificate should also be attached