

**SREE CHITRA TIRUNAL
INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY
TRIVANDRUM**

(Common Form No.16)

LEAVE APPLICATION FORM FOR STUDENTS

1. Name : _____
2. Register Number : _____
3. Programme/Course : _____
4. Year of study : _____
5. Department/Division/Lab : _____
6. No of days required : _____
From _____ To _____
7. Sundays and holidays if any proposed to be prefixed/suffixed to leave or No. of Institute holidays included and dates : _____

8. Type of leave (Personal / Sick leave) : _____
9. Reason for requesting leave : _____

10. No. of days already availed during this year : _____
11. No. of days left during the year : _____
12. Leave address with contact numbers : _____

Date :

Signature of the student

RECOMMENDED/NOT RECOMMENDED

SANCTIONED/NOT SANCTIONED

Signature of Supervisor

Deputy Registrar/Registrar