## **Application for Leave**

Name (in Block Letters)	:	
Serial Number	:	
Admission Number	:	
Class & Group/Subject	:	
No. of days & date of	:	
Leave required	:	
Reason	:	
(State if Medical Certificat	e or any other documents i	s atttached)
Whether there is any test paper or assignment	:	
<b>Group Tutor</b>	:	
Date :		Signature: