TKM INSTITUTE OF TECHNOLOGY
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FORM: TKMI/ACD/15

APPLICATION FOR

DUTY LEAVE ☐ **MEDICAL LEAVE** ☐

Name of Student	
University Registration No.	Roll. No. :..... .....
Branch & Semester	
Period of Leave (Date & Time)	
Reason for Leave	
Any Examination / Submission during the period of leave	
Total number of Duty/Medical Leave availed during the current semester	Duty Leave : Medical Leave :
Signature of Student (with Date)	Date:

1. Attach all relevant documents for leave sanctioning (Invitation/Hall ticket/Medical cert. etc)
2. Submit this request within 7 days of the leave's conclusion.
3. Applications containing incorrect information will be rejected.

Recommending Authority	**SFA / FA**	**HoD**
Name:	Name:	Name:
Signature:	Signature:	Signature:
Date:	Date:	Date:

Department Seal