

# Chandubhai S Patel Institute of Technology

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## Student Leave Form (To be filled by Students)

Department				
Name of Student				
I D No				
Date/s of Leaves				
No of Days				
Informed in Advance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, to Whom				Name & Sign of the Teacher
Type of Leave	Medical	<input type="checkbox"/>	Other	<input type="checkbox"/>
If other Specify				
Documents Attached (In case of Medical Leave)				
Date of submission of Leave Report				
Sign of the Student				
<b>To be Filled by Office</b>				
Application Received on				
Status	Sanctioned	<input type="checkbox"/>	Not Sanctioned	<input type="checkbox"/>
Leave/s Sanctioned	From		To	
No of Days Sanctioned				
Sanctioned by				
Sign				