

**उ०प्र० आयुर्विज्ञान विश्वविद्यालय**  
**सैफई, इटावा (उ०प्र०) – 206130**  
**Uttar Pradesh University of Medical Sciences**  
**Saifai, Etawah (U.P.)– 206 130**

Application No. \_\_\_\_\_

Date \_\_\_\_\_

**APPLICATION FOR LEAVE**

1. Name of the student \_\_\_\_\_
2. Father/Mother/Guardian's Name \_\_\_\_\_
3. Course Name \_\_\_\_\_ Batch \_\_\_\_\_
4. Hostel No. \_\_\_\_\_ Room No. \_\_\_\_\_
5. Reason of leave (Exact Reason) \_\_\_\_\_
  - Going out of station/Home along with \_\_\_\_\_
  - If alone Authority given by \_\_\_\_\_
6. Leave Period From \_\_\_\_\_ Time \_\_\_\_\_ To \_\_\_\_\_ Time \_\_\_\_\_
7. Leave Address (Clear & Complete) \_\_\_\_\_  
\_\_\_\_\_
8. Mobile No. 1. Applicant \_\_\_\_\_ 2. Parents \_\_\_\_\_
9. Remarks of Class Teacher/HOD/Warden \_\_\_\_\_

**Declaration: I am well aware about the required attendance percentage and academic requirements to appear in the university examination. I will be responsible if not following the above and hostel norms.**

**Signature of Student**

**Signature of Class Teacher**

**Signature of HOD with Stamp**

**Signature of Warden**

-----**(Tear from here)**-----

<b>Application no.</b> _____	<table style="width: 100%;"><tr><td style="width: 35%;">1. Name of the Student</td><td style="width: 5%;">:</td><td style="width: 60%;">_____</td></tr><tr><td>2. Father/Mother/Guardian's name</td><td>:</td><td>_____</td></tr><tr><td>3. Course name</td><td>:</td><td>_____ Batch _____ Hostel No. _____ Room No. _____</td></tr><tr><td>4. Leave Period</td><td>:</td><td>From _____ Time _____ To _____ Time _____</td></tr><tr><td>5. Contact No.</td><td>:</td><td>1. Applicant _____ 2. Parents _____</td></tr><tr><td>6. Remarks of HOD/Warden</td><td>:</td><td>_____</td></tr></table>	1. Name of the Student	:	_____	2. Father/Mother/Guardian's name	:	_____	3. Course name	:	_____ Batch _____ Hostel No. _____ Room No. _____	4. Leave Period	:	From _____ Time _____ To _____ Time _____	5. Contact No.	:	1. Applicant _____ 2. Parents _____	6. Remarks of HOD/Warden	:	_____
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	<b>Signature of Warden with Stamp and Date</b>																		

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