



Medical / Maternity/Long Leave / Semester Drop Application for Research Scholars

Name of the Scholar	:	
Roll Number	:	
Department	:	
Program	:	MS / PhD
Type of Leave	:	Medical Leave / Maternity Leave / Long Leave / Semester Drop
Leave applied for	:	From:_____ To:_____

Reason for Leave¹:

Date:_____

Signature of Applicant

Recommendation of the Guide:	Recommendation of the Chairperson of DC or MSC:	Approval of the Chairperson of the DRC:
Recommended/Not Recommended	Recommended/Not Recommended	Approved/Not Approved
Name and Signature	Name and Signature	Name and Signature

Leave form should be submitted through Department Office

For use by Academics Section

Balance of leave as on date	Leave applied for (no. of days)	Balance	Remarks (Senate Approval Required and taken, not required as per regulations, etc)

Dealing Staff

Officer In-charge (Academics)

Recommended/Not Recommended	Sanctioned/Not Sanctioned
Associate Dean (Academics, UG/PG)	Dean (Academics)

¹ Enclose supporting documents such as medical certificate, internship offer, undertaking (only in case of Internship) etc.