



## LEAVE APPLICATION FORM for BBA/BCA STUDENTS

Name \_\_\_\_\_ Roll No \_\_\_\_\_ Semester \_\_\_\_\_

TYPE OF LEAVE (HALF DAY | FULL DAY) - \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

REASON FOR THE LEAVE  
\_\_\_\_\_

No of leave availed during current semester \_\_\_\_\_

SNO	SUBJECT NAME	TEACHER SIGNATURE	REMARKS
1			
2			
3			
4			
5			

**NOTE – IN A SINGLE MONTH STUDENT CAN TAKE ONLY 2 LEAVES (Half day can be 4).**

Class In-charge Name & Sign

HOD / Principal Sign



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