

MAITREYI COLLEGE, NEW DELHI - 110021
LEAVE APPLICATION FOR STUDENTS

Name of the Student : Miss _____

Course & Class _____ Section _____ Roll No. _____

No. of days for which leave is required : _____ from _____ to _____

Reason for leave _____

(In case of sickness attach Medical Certificate.)

Countersigned

Student's Signature with date

Address _____

Father's /Guardian

Tel. No.: _____

Date.....

Absence noted by the teachers

- 1.....
- 2.....
- 3.....
- 4.....

Permitted absence from class as detailed above.

Vice-Principal/Admn. Officer

Noted in the attendance Record / Tabulation Register

Dealing Asstt.

S.O. (Admn.)