

**AMRITA VISHWA VIDYAPEETHAM**

**AMRITA SCHOOL OF ARTS AND SCIENCES, KOCHI**

**Application for Leave of Absense (for students only)**

<b>Name:</b>		<b>Hostel Resident:</b>	<b>Day Scholar:</b>	<b>Roll No.</b>
<b>Semester:</b>	<b>Class:</b>	<b>Branch:</b>		
<b>No. of Days:</b> _____		<b>From</b> _____	<b>To</b> _____	
<b>No. of Hours:</b> _____		<b>From</b> _____	<b>To</b> _____	<b>Date:</b> _____
<b>Nature of Leave:</b> (Tick one)	<input type="checkbox"/> <b>Duty Leave</b>	<input type="checkbox"/> <b>Medical Leave</b>	<input type="checkbox"/> <b>Any Other</b>	
<b>Reasons:</b>				
<b>Signature:</b>	<b>Student</b>	<b>Parent</b>	<b>Warden</b>	
<b>Signature of the Faculty handling classes</b>	<b>Genuineness verified and Recommended by</b>	<b>Recommended</b>	<b>Sanctioned</b>	
	<b>Class Counselor / Faculty Coordinator</b>	<b>Chairperson</b>	<b>Director</b>	

**N.B.:** I.....as Parent / Guardian of .....state that I am fully aware of the fact that my ward will not be able to take the End Semester Examination, if he/she fails to have 80 % attendance.

Signature of the Parent / Guardian