



**Dr. MGR-JANAKI**

**College of Arts and Science for Women**

"Excellence Through Diligence"  
An ISO 9001:2015 Certified Institution



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## LEAVE APPLICATION/PERMISSION REQUISITION FORM

LEAVE/ PERMISSION: .....

NAME OF THE STUDENT: .....

UNIVERSITY REGISTER NUMBER: .....

DEPARTMENT/SHIFT: .....

YEAR, CLASS & SECTION: .....

DATE OF LEAVE/PERMISSION: FROM ..... TO ..... (No. of days.....)

REASON: .....

SIGNATURE OF THE STUDENT: .....

SIGNATURE OF THE PARENT: .....

DATE OF SUBMISSION: .....

Signature of the Class in Charge

Signature of the HoD