

LEAVE APPLICATION FORM

Name:		
School:		
School of Historical Studies	School of Ecolog	gy and Environments Studies
School of Management Studies School of Languages and Literature / Humanities		ages and Literature / Humanities
School of Buddhist Studies, Pl	hilosophy and Comparative Relig	ions
SBSPCR - Hindu Studies (San	natana Dharma) School of Inte	rnational Relations and Peace Studies
School of Historical Studies (A	Archaeology)	
Programme: M.A/M.Sc.	M.B.A Ph.D.	
Batch:	Student ID:	
Phone No :	Alternate Numb	er:
Date	From:	To:
<u> </u>	G BY THE FATHER/ MOT	HER/ GUARDIAN
	to	o permit my Son/ daughter to travel tThis is a personal visit an
Signature:	Name:	Phone No:
Address:		Relationship with the Student:
Signature of the Student:		Date:
Approved by the School Dean	Student Affairs Dep.	Residential Hall In charge
Signature	Signature	Signature
Date	Date	Date