

LEAVE APPLICATION FORM

To
I/c. Director,
NCCA.
Bharuch.

Date :-
From :-
Enrollment No :
Name :-
Semester :-

Respected Sir,

Kindly grant me Medical Leave / Other Leave as requested below.

1	Name of Student	
2	Type of Leave	
3	Purpose / Reason	
4	Duration	From on to
5	Day(s)	No of Day(s)

Thanking you,

Yours sincerely,

Signature of Students / Parents

Leave Granted / Not Granted.

I/c. Director.

Date :-

Encl :-

It is desirable that leave application be submitted before leave or within 2 days of the leave