

ASHOK & RITA PATEL INSTITUTE OF INTEGRATED STUDY  
& RESEARCH IN BIOTECHNOLOGY AND ALLIED SCIENCES  
New Vallabh Vidyanagar

Date:

Application for leave

1. Roll No : \_\_\_\_\_
2. Name : \_\_\_\_\_
3. Semester : \_\_\_\_\_
4. Number of Days Applied : \_\_\_\_\_
5. Period of Leave Applied : From \_\_\_\_\_ To \_\_\_\_\_
6. Reason/s : \_\_\_\_\_

Student's Signature

Counselor's Signature

Director's signature