

Leave Form

Date : _____

To,
The Director,
University of Mumbai & Department of Atomic Energy,
Centre for Excellence in Basic Sciences,
Health Centre, University of Mumbai,
Kalina Campus, Mumbai – 400098.

Sir,

Kindly allow me leave for No. of lectures/labs _____ from date : _____ to _____
for the following reason :

During the leave I would be missing my lectures mentioned below :-

Course Name	Course No	Name of Instructor	Lecture Date & Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Thanking You,
Yours Sincerely,

(Signature of Student)

Name of the Student :- _____

Year & Room No :- _____

Contact No :- _____

Approved by,

(Registrar)

(Faculty Incharge)

(Warden)

(Director)

Note : 1) Permission for leave should be taken at least one week in advance.

2) Signed form should be submitted in PF BG 26.

3) No email would be entertained for taking the permission for leave.