



Indian Institute of Technology Hyderabad  
Ordinance Factory Estate, Yeddumailaram 502 205

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## Student Leave Form

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Name:

Roll No.:

Program: B.Tech/ M.Sc./ M.Phil./M.A/M.Tech./Ph.D.

Semester:

Branch:

Period of Leave:

From:

To:

Total No. of days leave:

Reason for leave/absence:

Supporting documents attached:

(In Case of Medical Leave Please attach  
Medical Certificate & Fitness Certificate)

Phone/Mobile:

Date:

Signature:

Name:

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### Leave Sanctioned / Not Sanctioned

Signature of the Guide

Signature of the Sanctioning authority (HoD/DPGC)

Name:

Name:

Date:

Date:

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### For Office Use only:

Balance leave available: \_\_\_\_\_ days

Dealing Asst. (Academic Section)

Name:

Date: