



DEFENCE INSTITUTE OF ADVANCED TECHNOLOGY (DU)

APPLICATION FOR LEAVE (Ph. D. STUDENT)

1. Name of the Student _____
2. Programme _____ Dept. _____
3. Nature of leave (Vacation/Casual/Medical/Maternity) _____
(Attach Medical Certificate (M.C.) for Medical Leave)
From _____ to _____ Total Days _____
4. Ground on which leave is applied for _____

5. Address & Telephone/Mobile No. (while on leave)

6. Permanent Address & Telephone/Mobile No. _____

Date:

Signature of Student

7. * Recommendation of OIC, Programme / Guide

Medical Leave with M.C. (10 days per year)		Other Leave (30 days per year)	
Availed	Requested	Availed	Requested

* Refer to: Page No. 30 (Leave Rules) of DRC Rules and Regulations.

Sign of OIC, Programme / Guide

Approved / Not Approved

Signature of HOD



DEFENCE INSTITUTE OF ADVANCED TECHNOLOGY (DU)

APPLICATION FOR LEAVE (M. Tech/M.Sc. STUDENTS)

1. Name of the Student _____
2. Programme _____ Dept. _____
3. Nature of leave (Vacation/Casual/Medical/Maternity) _____
(Attach Medical Certificate (M.C.) for Medical Leave)
From _____ to _____ Total Days _____
4. Ground on which leave is applied for _____

5. Address & Telephone/Mobile No. (while on leave) _____

6. Permanent Address & Telephone/Mobile No. _____

Date:

Signature of Student

7. * Recommendation of OIC, Programme / Guide.

Casual Leave (08 days per Semester)		Medical Leave with M.C. (08 days per Semester)		Vacation Leave (15 per Semester or 30 per Year)	
Availed	Requested	Availed	Requested	Availed	Requested

Refer to: Page No. 11 (Leave Rules) of PGC Rules and Regulations.

**Sign of OIC, Programme /
Guide**

Approved / Not Approved

Signature of HOD



DEFENCE INSTITUTE OF ADVANCED TECHNOLOGY (DU)

APPLICATION FOR LEAVE (M.Sc. STUDENTS)

1. Name of the Student _____
2. Programme _____ Dept. _____
3. Nature of leave (Vacation/Casual/Medical/Maternity) _____
(Attach Medical Certificate (M.C.) for Medical Leave)
From _____ to _____ Total Days _____
4. Ground on which leave is applied for _____

5. Address & Telephone/Mobile No. (while on leave) _____

6. Permanent Address & Telephone/Mobile No. _____

Date:

Signature of Student

7. * **Recommendation of OIC, Programme / Guide.**

Casual Leave (08 days per Semester)		Medical Leave with M.C. (08 days per Semester)		Vacation Leave (15 per Semester or 30 per Year)	
Availed	Requested	Availed	Requested	Availed	Requested

Refer to: Page No. 11 (Leave Rules) of PGC Rules and Regulations.

Sign of OIC, Programme / Guide

Approved / Not Approved

Signature of HOD



DEFENCE INSTITUTE OF ADVANCED TECHNOLOGY (DU)

APPLICATION FOR LEAVE (JRF/ RA STUDENTS)

1. Name of the Student _____
2. Programme _____ Dept. _____
3. Nature of leave (Vacation/Casual/Medical/Maternity) _____
(Attach Medical Certificate (M.C.) for Medical Leave)
From _____ to _____ Total Days _____
4. Ground on which leave is applied for _____

5. Address & Telephone/Mobile No. (while on leave) _____

6. Permanent Address & Telephone/Mobile No. _____

Date:

Signature of Student

7. * **Recommendation of OIC, Programme / Guide.**

Casual Leave (08 days per Semester)	
Availed	Requested

Refer to: Page No. 11 (Leave Rules) of PGC Rules and Regulations.

**Sign of OIC, Programme /
Guide**

Approved / Not Approved

Signature of HOD