Department Of Civil Engineering
Indian Institute of Technology

Request for Vacation/Casual/Medical/Personal/Academic Leave*

Name: __________________________ Roll. No. ___________ E-mail ID __________________________
Program: PhD/M.Tech./MSR/Dual Degree (Circle or Tick one) Specialization: __________________________
Assistantship: 1. Institute Assistantship / 2. Self-sponsored / 3. Other (Circle one)
Academic Year ___________ Semester: I/II/Summer (Circle or Tick one)
No. of Days: _____________________ From: _____________________ To: _____________________
Purpose of Leave: ____________________________________________________________

_________________________________ ________________________________ 
(Program Advisor) (TA Advisor) (Student)
Date: ___________ Date: ___________ Date: ___________

(Convener, DPGC/DUGC) Date: ___________

**DPGC/DUGC Copy**

Name: __________________________ Roll. No. ___________ E-mail ID __________________________
Mobile No. __________________________
Program: PhD/M.Tech./MSR/Dual Degree (Circle or Tick one) Specialization: __________________________
Assistantship: 1. Institute Assistantship / 2. Self-sponsored / 3. Other (Circle or Tick one)
Academic Year ___________ Semester: I/II/Summer (Circle or Tick one)
No. of Days: _____________________ From: _____________________ To: _____________________
Purpose of Leave: ____________________________________________________________

_________________________________ ________________________________ 
(Program Advisor) (TA Advisor) (Student)
Date: ___________ Date: ___________ Date: ___________

(Convener, DPGC/DUGC) Date: ___________

**For Office Use Only**

<table>
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<th>S. No.</th>
<th>Item</th>
<th>Vacation Leave</th>
<th>Casual Leave</th>
<th>Medical</th>
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<tbody>
<tr>
<td>1</td>
<td>Leave availed in previous semester</td>
<td>XXXX</td>
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<tr>
<td>2</td>
<td>Leave carried over</td>
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<td>XXXX</td>
<td></td>
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<td>3</td>
<td>Leave availed this semester</td>
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<tr>
<td>4</td>
<td>Leave balance available</td>
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Leave Applied
Leave Balance

Checked By: __________________________ Date: ___________

**Note:**
* Attach necessary documents