Department Post Graduate Committee  
Department Of Civil Engineering  
Indian Institute of Technology

Request for Vacation/Casual/Medical Leave

Note: Please read the leave rules on the reverse of this form before filling the form.

Name: ___________________________ Roll. No. ___________ E-mail ID __________________

Program: PhD/M.Tech./Dual Degree (Circle one)  
Specialization: ___________________________

Academic Year ________________  
Semester: I/II/Summer (Circle one)

Type of Leave Applied: 1. Vacation Leave / 2. Casual Leave / 3. Medical Leave (Circle one)

No. of Days: _______________ From: _______________ To: _______________

Purpose of Leave: ___________________________________________________________

_________________________________________  
(Program Advisor)  
Date: _______________________

_________________________________________  
(TA Advisor)  
Date: _______________________

_________________________________________  
(Student)  
Date: _______________________

_________________________________________  
(Convener, DPGC)  
Date: _______________________

DPGC Copy

Name: ___________________________ Roll. No. ___________ E-mail ID __________________

Program: PhD/M.Tech./Dual Degree (Circle one)  
Specialization: ___________________________

Academic Year ________________  
Semester: I/II/Summer (Circle one)

Type of Leave Applied: 1. Vacation Leave / 2. Casual Leave / 3. Medical Leave (Circle one)

No. of Days: _______________ From: _______________ To: _______________

Purpose of Leave: ___________________________________________________________

_________________________________________  
(Program Advisor)  
Date: _______________________

_________________________________________  
(TA Advisor)  
Date: _______________________

_________________________________________  
(Student)  
Date: _______________________

_________________________________________  
(Convener, DPGC)  
Date: _______________________

(For Official Use Only)

<table>
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<th>S.No.</th>
<th>Item</th>
<th>Vacation</th>
<th>Casual</th>
<th>Medical</th>
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<tr>
<td>1</td>
<td>Leave availed in previous semester</td>
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<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>
</tr>
<tr>
<td>3</td>
<td>Leave availed this semester</td>
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<td>XXXX</td>
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<td>4</td>
<td>Leave balance available</td>
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Leaves applied

Leaves Balance

Checked By: ______________________ Date: ______________________