

**INDIAN INSTITUTE OF TECHNOLOGY, KANPUR**  
**Department of Mechanical Engineering**

**Leave applied for Post graduate Students**

Name \_\_\_\_\_ Roll No. \_\_\_\_\_

Type of Leave: **-Casual/Vacation/Medical**

(Strike out which is not applicable)

Period Leave:- From \_\_\_\_\_ To \_\_\_\_\_ No. of Days \_\_\_\_\_

(Both days inclusive)

Address during leave Period \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Students Signature

Recommended / Not Recommended

Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Following Leave are due to above student

Casual \_\_\_\_\_ Vacation \_\_\_\_\_ Medical \_\_\_\_\_

Date \_\_\_\_\_

Leave Sanctioned/Not Sanctioned

ME Office \_\_\_\_\_

Date \_\_\_\_\_

DPGC Convener \_\_\_\_\_

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