

RAM LAL ANAND COLLEGE

STUDENT LEAVE APPLICATION FORM

Name of the Applicant _____

Course _____ Year _____

Leave applied for (No of Days) _____ from _____ to _____

Purpose of leave applied for _____

Ground on which leave is applied for _____

Address during leave (if proceeding out of station) _____

Any other Information: - _____

Date

Signature of Applicant