



DEFENCE INSTITUTE OF ADVANCED TECHNOLOGY (DU)

APPLICATION FOR LEAVE (Ph.D/M.TECH SCHOLARSHIP STUDENTS)

1. Name of the Student _____
2. Programme _____
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 Per Semester)		Medical Leave with M.C. (08 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

8. **Approved / Not Approved by HOD**

(If the total No. of days of leave is up to 03, else recommendation of HOD)

Sign of Head of Department

9. **Approved / Not Approved by Dean (Acs)**

(If the total No. days of leave is more than 03)

Sign. Of Dean (Acs)