

INDIAN INSTITUTE OF MANAGEMENT AHMEDABAD

APPLICATION FOR LEAVE BY STUDENTS

(Please select relevant programme)

PGP	PGP-FABM	PGPX	FPM
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1. Name : _____ Roll No : _____
2. Year : _____ I / II Section : _____
3. Dorm No. : _____ Mobile No : _____
4. a. Leave requested from _____ to _____
b. No. of Days : _____
5. Reason for Leave : _____
(If medical, kindly get Endorsement from the Institute Doctor in the prescribed form)
6. Course details : _____

List all the courses of classes missed	Total no. of sessions in the course	Date(s) of classes missed	Class(es) missed earlier	No of classes missed / to be missed this time	Total no. of classes missed

7. Travel Schedule :

Date: _____ Student (Signature) _____ Programme Chairperson/ Authorised Signatory _____

(Note: In case, any evaluation component is missed on account of leave, instructors have the discretion to offer/ not offer compensatory course of action)

PROFORMA FOR MEDICAL LEAVE

I have examined Mr./Ms. _____ a PGP/ PGP-FABM/ PGPX/ FPM student and found that he / she is suffering from _____. He/ She has been advised complete rest _____ day/s with effect from _____.

Signature of the Institute Doctor

(This Leave application is to be submitted to the programme office **within 03 days** from the last day of leave; applications submitted thereafter will not be accepted.)