

MAR SLEEVA COLLEGE OF ARTS AND SCIENCE
MURICKASSERY

APPLICATION FOR LEAVE

Name of the Student	
Class and Roll Number	
Mobile Number	
Date of leave	
Reason for leave	
No. of leaves already taken	
Signature of the Student	
Signature of the Guardian	
Relation to the Guardian and Contact Number	

Place:

Date :

Remarks by Class Teacher: *Express our Tradition*

Class Teacher

HOD