

**MAR SLEEVA COLLEGE OF ARTS AND SCIENCE
MURICKASSERY**

APPLICATION FOR LEAVE

Name of the Student	
Class & Roll No.	
Address of the student	
Date of leave	
Reason for leave	
No. of leaves already taken	
Signature of the student	
Signature of the guardian	
Relation to the guardian & Contact number	

Place:
Date :

Class Teacher

HOD

Vice.Principal