



COLLEGE OF PHARMACY & RESEARCH CENTER, PHALTAN



Approved by PCI - New Delhi, DTE - Mumbai, Recognized by Govt. of Maharashtra
Affiliated to DBATU, Lonere, Raigad and M.S.B.T.E., Mumbai | DTE: 16340 | MSBTE: 22482 | PCI ID: 9479

STUDENT LEAVE APPLICATION FORM

Institute Name: PE's College of Pharmacy &
Research Center, Phaltan

Date: ____ / ____ / ____

Department _____
/ Class

A. STUDENT INFORMATION

Student Name		Roll No.	
Class / Year		Contact No.	
Parent / Guardian Name		Parent Contact	

B. LEAVE DETAILS

Type of Leave	☐ Sick ☐ Personal ☐ Family / Emergency	Other	_____
From Date	____ / ____ / ____	To Date	____ / ____ / ____
Total No. of Days	_____	During Exam / Practical?	☐ Yes ☐ No
Supporting Document	☐ Attached ☐ Not Applicable	If attached	_____

C. REASON FOR LEAVE

D. STUDENT / PARENT DECLARATION

I request leave for the period mentioned above. I understand that I am responsible for completing missed academic work, practicals, assignments and other requirements as instructed by the department.

Student Signature _____

Parent / Guardian Signature _____

Date ____ / ____ / ____

Parent Contact No. _____

E. FOR OFFICE USE ONLY

Authority	Recommendation / Decision	Signature	Date
Class Teacher	☐ Recommended ☐ Not Recommended		
Academic Coordinator	☐ Approved ☐ Not Approved		
HOD / Principal	☐ Approved ☐ Not Approved		