Indian Institute of Technology Kanpur
Department of Cognitive Science
Leave Application

Name_____Roll No._____

Academic Year_____Discipline_____Semester_____

Kind of Leave

Casual Leave

Academic Leave

Personal Leave

Medical Leave

Other (Pl.Specify)

Number of days applied for_____From_____To_____
Reason_____

_____

Leave address if going out of station_____

_____

Mobile/Telephone No._____
Email_____

(Signature of applicant)
Date:

Recommended/Not Recommended

Faculty Advisor/Supervisor

Sanctioned/Not Sanctioned

Convener, DPGC

Leave due/Not due_____