| TVE HILM                                                                                                                                                                                      | K                   | isanVidyaPrasarakSansth        | a's                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------|-------------------------------------|
|                                                                                                                                                                                               |                     | F PHARMACEUTICA                |                                     |
| BORADI, Tal Shirpur, Dist. Dhule (M. S.)<br>(2:-02563- 284202, 284203, 9822286957)                                                                                                            |                     |                                |                                     |
| Hon.Dr.Tusharji V. Randhe                                                                                                                                                                     |                     | Shri. Nishantrao V. Randhe     | Dr. Prakash H. Patil                |
| Social Worker<br><b>President</b>                                                                                                                                                             |                     | B.A., B.ed<br><b>Secretary</b> | M. Pharm Ph. D.<br><b>Principal</b> |
|                                                                                                                                                                                               |                     |                                | Date:                               |
| STUDENT LEAVE APPLICATION                                                                                                                                                                     |                     |                                |                                     |
| To,<br>Principal,<br>KVPS IPE Boradi                                                                                                                                                          |                     |                                |                                     |
| I Mr/Msst                                                                                                                                                                                     |                     |                                | _ studying in F.Y./ S.Y./           |
| T.Y./Final B. Pharm or F.Y./ <mark>S.</mark> Y. M.Pharm in academic year                                                                                                                      |                     |                                |                                     |
| Sem-                                                                                                                                                                                          |                     |                                |                                     |
| I want to leave from to                                                                                                                                                                       |                     | for                            |                                     |
| Type of Leave (Tick $$ )                                                                                                                                                                      |                     |                                |                                     |
| Personal                                                                                                                                                                                      |                     |                                |                                     |
| Medical                                                                                                                                                                                       |                     |                                |                                     |
| Attened conference                                                                                                                                                                            |                     |                                |                                     |
| Attend seminar                                                                                                                                                                                |                     |                                |                                     |
| Attend workshop                                                                                                                                                                               |                     |                                |                                     |
| Attend tra                                                                                                                                                                                    | aining on date from | to                             | at                                  |
|                                                                                                                                                                                               |                     |                                |                                     |
| (Venue/ Place full address with contact no)                                                                                                                                                   |                     |                                |                                     |
| I attend the college on date                                                                                                                                                                  |                     |                                |                                     |
|                                                                                                                                                                                               |                     |                                |                                     |
| Student Contact No and Sign Parent Contact No                                                                                                                                                 |                     |                                |                                     |
| Name & Sign of Class Teacher Note for Students:<br>Submit necessary documents for taken a leave to class teacher.<br>Note for Class teacher:<br>Class teacher should confirm from the parent. |                     |                                |                                     |
|                                                                                                                                                                                               |                     |                                |                                     |

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