



ANNA ADARSH

COLLEGE FOR WOMEN

LEAVE APPLICATION/OD REQUISITION FORM

LEAVE /OD :

NAME OF THE STUDENT :

DEPARTMENT/SHIFT :

CLASS/SECTION :

DATE OF LEAVE/OD : FROM TO

(No. of days.....)

NO OF DAYS LATE TO COLLEGE :

REASON FOR LEAVE :

NATURE OF COMPETITION FOR OD :

SIGNATURE OF THE STUDENT :

SINATURE OF THE PARENT :

DATE OF SUBMISSION OF LEAVE/OD:

REMARKS BY THE CLASS IN CHARGE AND HOD

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Signature of the Class in Charge

Signature of the HOD