

APPLICATION FOR LEAVE OF ABSENCE

From

Name: _____

Class: _____ Roll No: _____

Date

SEMCOM

To,
The Class Counsellor
SEMCOM
V.V.Nagar



Respected Sir,

I request you to kindly grant me leave for _____ day (s) from attending the classes Date(s) on which leave is required _____

Reason (in detail) _____

Signature of the student

Signature of Parent/ Guardian
with Name, Full address and Phone no

(Name and Signature of Class Counsellor)