

**LEAVE APPLICATION CUM ADVANCE FORM FOR FOREIGN VISIT OF STUDENT**

1. Name of the Applicant : \_\_\_\_\_
2. Department : \_\_\_\_\_
3. Date of leave : From \_\_\_\_\_ To \_\_\_\_\_ No. of Days \_\_\_\_\_
4. Prefix/Suffix/Holidays if any : Prefix \_\_\_\_\_ Suffix \_\_\_\_\_
5. Name of the country visiting : \_\_\_\_\_
6. Purpose of visit : \_\_\_\_\_
7. Amount of advance (If required) : \_\_\_\_\_
8. Amount utilized in previous visits : \_\_\_\_\_

Date: \_\_\_\_ \_\_\_\_ \_\_\_\_

Signature of the Applicant: \_\_\_\_\_

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- 1) Recommended / Not Recommended Thesis Supervisor \_\_\_\_\_
- 2) Recommended / Not Recommended Head of the Department \_\_\_\_\_

Date : \_\_\_\_ \_\_\_\_ \_\_\_\_

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**FOR APPROVING AUTHORITY ONLY**

Approved  Not Approved  Reason, if not approved \_\_\_\_\_

Date: \_\_\_\_ \_\_\_\_ \_\_\_\_

Signature of the Director \_\_\_\_\_

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Note: - Kindly send to Academic Section after signature of Approving Authority for record purpose.