

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: _____

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

Date : ____ ____ ____

FOR APPROVING AUTHORITY ONLY

Approved Not Approved Reason, if not approved _____

Signature of the Director/ Dean of International Affairs & Outreach _____

Date: _____

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