

KMCT COLLEGE OF ALLIED HEALTH SCIENCES

Affiliated to Kerala University of Health Sciences and approved by Govt.of Kerala
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APPLICATION FOR LEAVE

DATE:/...../..... , DAY.....

NAME OF INSTITUTION	
FULL NAME	
DEPARTMENT	
YEAR AND BATCH	
ROLL NUMBER	
PREVIOUS LEAVE TAKEN	
TOTAL ACADEMIC DAYS TILL DATE	
DAYS OF LEAVE	
REASON FOR LEAVE	
SIGNATURE OF PARENT WITH DATE	
SIGNATURE OF WITH DATE	
SIGNATURE OF CLASS IN CHARGE WITH DATE	
SIGNATURE OF HOD WITH DATE	