

Hari Jyot College of Optometry
(Student Leave Application Format – To be Applied in Advance)

1. Name of the Student: _____

Semester: _____

2. Duration of leave from _____ to _____

3. No. of Working days _____

4. Reason of leave _____

Signature of the parent
(Father/Mother/Guardian)

Signature of the Student

Leave recommended/not recommended _____

Signature of I/c Principal _____

Remarks _____

Note: The leave application should be submitted strictly in the above format only and to be applied in Advance.