

**Sree Chitra Tirunal Institute For  
Medical Science & Technology**

THIRUVANANTHAPURAM

Code No.

Date:

**LEAVE APPLICATION FOR STUDENTS**

Name:

Programme:

Department:

Year of study:

Leave Already Availed:

Leave on credit:

Total period of absence From

To

No. of Institute's holidays included and dates

Actual period of leave

Address for correspondence

Signature

Recommended: Yes/No

Sanctioned: Yes/No

Signature of HOD

Signature of the registrar