



Shree Chanakya Education Society's
Indira College of Pharmacy,
Redefining Pharma Education
Tathwade, Pune -411 033.

STUDENT'S LEAVE APPLICATION

From: _____

Date:

Student's Roll No. -

To,

**The Principal,
Indira College of Pharmacy,
Tathwade, Pune – 411 033**

Sub: Application for Leave dated _____

Dear Madam,

I, _____ student of _____ year _____ semester of B. Pharm/M. Pharm _____ will not be able to attend my lectures / practicals from /on _____ to _____. Therefore, I request you to grant me leave for the said period.

Reason for leave: _____

Total No. of Days: _____

Address during leave: _____

Contact Number
During leave : _____

Thanking you,

Yours faithfully,

(Mr./ Ms. _____)

Recommendations from Head of the Department

Mr. Ms. _____ may be/may not be granted leave for _____ day/ days.

Head of the Department

Leave Sanctioned / Not Sanctioned

Principal