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| St. Josephs College for Women Tirupur  **ST.JOSEPH’S COLLEGE FOR WOMEN, KANGEYAM ROAD,**  **TIRUPUR-641604**  Form -06  STUDENT LEAVE FORM  Date : | |
| Name : | Register No : |
| Class : | Semester : |
| Department : | |
| Type of leave : Other leave/ Medical leave  Reason for leave : | |
| Leave applied date : From------/------/------ To ---------/-------/--------  No. of days :  No. of days already taken :  Date of submission : -----/------/------ | |
| Student’s Signature Parent’s Signature  Class Tutor Head of the Department | |

Note: For Medical leave, you have to enclose Medical Certificate.