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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 leaveReason for leave :  |
| Leave applied date : From------/------/------ To ---------/-------/--------No. of days :No. of days already taken : Date of submission : -----/------/------ |
| Student’s Signature Parent’s SignatureClass Tutor Head of the Department  |

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