

**LEAVE APPLICATION FORM**

**Master of Computer Applications**

**UNION CHRISTIAN COLLEGE ,ALUVA**

Leave form No:

Name of the student	
Class & Roll No	
Number of days required	
(Specify the Dates)	
Reason For Leave	
Whether the Medical certificate has been submitted	
Hostler / Day scholar	

Signature of the Student

Signature of the Parent / Guardian / Warden

Signature of the Class in Charge

Signature of the HOD