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| --- | --- | --- | --- |
| Ph.D. Research Scholar Name & University Register Number |  | | |
| E-mail id |  | | |
| Contact Number |  | | |
| School & Department |  | | |
| Registration Mode | Full-Time / Part-time | | |
| Research Supervisor Name |  | | |
| Co- Supervisor Name, if applicable |  | | |
| Name of the HOD/Dean of the department |  | | |
| Leave Duration | From: | | To: |
| Reason for Leave |  | |  |
| Please provide complete address for communication during the leave period including the contact number to reach |  | | |
| Note: No leave will be granted during DC meeting, synopsis meeting, Viva voce in person, and any other critical meetings/events planned by the University. | | | |
| Declaration: I hereby state that the above information is true. I am aware of the policy of cancellation of Ph.D. Registration if the information submitted by me is false. | | | |
| Signature of the Ph.D. Research Scholar with Date | | | |
| To be filled by the Research Supervisor  Total Eligible Leave: 12 days in a year  Leave Availed:  Leave Balance: | | Approved By Research Supervisor  (Signature & Date) | |

Recommended for Submission and Forwarded

HOD/Dean of the Department

(Signature & Date)

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For Ph.D. Programme Office Use Only

Follow-up Action (If any):

Follow-up Action (Status):

Note:

1. This form shall be typed and printed. Only the signature and date should be handwritten.
2. The format should not be altered. Any alteration in the format will not be accepted.
3. Times New Roman font, size 11 pt., and unbold text should be used.