



National Textile University

PhD STUDENT LEAVE APPLICATION FORM **(for Scholarship Holders Only)**

Program: _____

Name of Student _____ Program Name _____

Department _____ Contact No. _____

Reason/Purpose of Leave _____

Address during Leave _____

Type of Leave Requested

Casual Leave From: _____ to _____ No of Days _____

Medical Leave From: _____ to _____ No of Days _____

Maternity Leave From: _____ to _____ No of Days _____

Any other Leave from: _____ to _____ No of Days _____

Signature of Student _____

Date: _____

FOR GRADUATE OFFICE USE ONLY

Sr. No.	Detail of Leave	Casual Leave	Medical Leave	Earned Leave	Any Other Leave
1.	Leave Available				
2.	Leave Availed				
3.	No of day leave (s) applied for				
4.	Balance Leave (s)				

Recommended/Not Recommended: _____

Supervisor

Recommended/Not Recommended: _____

Director Graduate Program

Approved/Not Approved: _____

Director / Dean Faculty

Director GSR _____