

# TRINITY COLLEGE OF ARCHITECTURE, PUNE

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## Leave Application Form

### 1. Student Details

Name of the Student: \_\_\_\_\_

Class / Year: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Parent/Guardian Contact Number: \_\_\_\_\_

### 2. Leave Details

Type of Leave (Tick the appropriate):

☐ Sick Leave    ☐ Personal Leave    ☐ Emergency Leave

☐ Other: \_\_\_\_\_

Reason for Leave:

\_\_\_\_\_

Leave from: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

To: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Total Days: \_\_\_\_\_

### 3. Declaration by Student

I, the undersigned, request permission for the above-mentioned leave and confirm that the information provided is true to the best of my knowledge. I will take responsibility for completing any missed academic work.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

### 4. Parent/Guardian Consent (Optional but recommended)

I acknowledge my ward's leave request and have no objection.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

### 5. Faculty Use Only

Class Coordinator Remarks:

\_\_\_\_\_

Coordinator Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_