



Samarth Educational Trust
Arvind Gavali College of Pharmacy, Satara

[Leave Application Form]

Student's Name: _____

Student's Roll Number: _____

Program: D.Pharm/ B.Pharm/M.Pharm

Batch/Year: _____

Contact Number: _____

Leave Start Date: _____

Leave End Date: _____

Number of Days Applied for Leave: _____

Reason for Leave:

Supporting Documents Attached (if any):

- Medical Certificate

- Other (Specify): _____

I hereby declare that the information provided above is true and accurate to the best of my knowledge.
I understand the rules and regulations regarding leave as stated by the institution.

Student's Signature: _____

Date: _____

To be filled by the Department/Institution

Leave Application: Approved/Rejected

Remarks (if any):

Signature:

Subject Teacher-1	Subject Teacher-2	Subject Teacher-3	Guardian Teacher/Class teacher

Date: _____

Principal: _____