



**SRI RAMAKRISHNA INSTITUTE OF TECHNOLOGY**  
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**APPLICATION FOR LEAVE – DAY SCHOLAR**  
 (to be submitted to Tutor and collected back from him after approval)

Name				Department	
Class				Roll No.	
Hosteller/ Day Scholar:				Name of Tutor	
Leave Date					
Type of Leave (Casual /*Medical/ Other Leave)	*attach Proof in case of medical leave			Reason for Leave (pls. specify reason)	
No. of days classes will be missed:		*No. of Lectures/ Lab missed			
*Mention Subjects					
Leave taken earlier during the semester & percentage of attendance till date					
Student Mobile No.				Parent Mobile No.	
Signature of Student				Date of application	
Recommendation of Tutor				Name & Signature with date	
Recommendation of HOD				Signature & date	
Approval of the Principal	YES	NO	Remarks:	Signature Date & Seal	