

**H.R. PATEL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH
SHIRPUR**

Department of Pharmaceutics / Quality Assurance/ Biopharmaceutics/Industrial Pharmacy

LEAVE APPLICATION

Date: ___/___/2011.

Name of Student: _____ Class: M.Pharm-I/II/III/IV

Nature of Leave: - Casual leave/ Medical leave/ On Duty leave.

Leave requested for _____ day/days.

Reporting Date: - _____. No. of leaves availed till date: _____

Contact address & phone no. during leave period: -

Reason for leave: _____

Sanctioned / Not Sanctioned

Sign of applicant

Research Guide/Subject in Charge

PG In Charge