

प्रपत्र संख्या/ Form No. _____	शैक्षिक अनुभाग/ Academic Section पीजी छात्रों द्वारा अकादमिक अवकाश के लिए आवेदन APPLICATION BY PG STUDENTS FOR ACADEMIC LEAVE (Form to be used with effect from 17th February, 2014)	भारतीय प्रौद्योगिकी संस्थान मुंबई Indian Institute of Technology Bombay पवई, मुंबई/ Powai, Mumbai-400076 महाराष्ट्र, भारत/Maharashtra, India. https://www.iitb.ac.in/
---	---	--

Name of the student: _____ Roll No.: _____

Academic Unit (Dept / Centre etc.): _____

Academic Programme : MTech / PhD / MTech+PhD / MSc+PhD / Other _____

Discipline: _____ Specialization: _____

Category of Registration : TA / TAP / RA / FA / Other _____

Leave Period: From ____/____/____ To ____/____/____ Number of days (including holidays): _____

Purpose of official leave: _____

Place(s) of visit: _____

(One of the following to be ticked)

- My stipend/scholarship from the Institute should be continued during the leave period.
- My stipend/scholarship from the Institute need not be continued during the leave period.
- I am not supported by a stipend/scholarship from the Institute.

I have taken approval from the concerned supervisor(s) for my teaching/lab/other duties as assigned by the Head of the Academic Unit. I understand that I need to get approval from the course instructors if I have registered for any courses and that the leave granted to me does not exempt me from the tests/assignments/examinations in such courses. I hereby declare that if I continue to draw stipend/scholarship during the period of official leave, I shall not simultaneously claim any stipend/scholarship/salary from an alternate source without receiving a specific permission for the same from the competent authority at IIT Bombay. I understand that in case of violation of this declaration, I will have to return the money and I will also be liable to face penal action as found appropriate.

Signature of the student: _____ Date: ____/____/____

Recommendation by the Faculty Advisor / Thesis Supervisor: _____

Name: _____ Signature: _____ Date: ____/____/____

_____ FOR OFFICIAL USE _____

Decision / Recommendation by the Head of the Academic Unit

- Approved (*leave ≤ 15 days*) / Recommended (*leave ≥ 16 days*) with financial support
- Approved (*leave ≤ 15 days*) / Recommended (*leave ≥ 16 days*) without financial support

Comment _____

Signature: _____ Date: ____/____/____

(If requested leave ≥ 16 days, the application is to be forwarded to the Office of Dean AP)

Decision by the Dean AP / Associate Dean AP

Approved Comment _____

Signature: _____ Date: ____/____/____