



**GENESIS INSTITUTE OF DENTAL SCIENCES & RESEARCH, FEROZEPUR.**  
**STUDENTS LEAVE APPLICATION**

Roll No. : \_\_\_\_\_ Batch: \_\_\_\_\_

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

Father's name : \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address During Leave: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Period of Leave required: \_\_\_\_\_ to \_\_\_\_\_ (number of days \_\_\_\_\_).

: Leaving on \_\_\_\_\_ Returning on \_\_\_\_\_

(11.00am to 05:00pm)

(upto 09:00am)

Reason for Leave. \_\_\_\_\_

I certify that the above particulars are correct. **My parents are in the knowledge of and have given their consent for the leave applied.** I and my parents shall be fully responsible for my wellbeing, travel to and fro and safe return to the institute after expiry of the leave specified above. In case I do not return back on the expiry of this leave my parents may be informed accordingly. I and my parents shall also be responsible for shortage of attendance (if any) on account of this leave.

Contact Mobile No. of the student. \_\_\_\_\_

Contact Mobile Nos. of the parents. \_\_\_\_\_

Land Line No. of the parents. \_\_\_\_\_

Date: \_\_\_\_\_

Student's Full Signature \_\_\_\_\_

Checked and Verified

Leave Sanctioned  
Director Adm

Hostel Superintendent.  
(With date)

**TO BE FILLED BY THE STUDENT AT MAIN GATE**

Check Out

Check In

Date \_\_\_\_\_

Date \_\_\_\_\_

**Time Out** \_\_\_\_\_

**Time In** \_\_\_\_\_

**Student Signature:**

**Student Signature:**

**Gate Guard:**

**Gate Guard:**

**Supdt Hostel (Student Absent. Parent informed)**

Tele/ SMS Log Ser \_\_\_\_\_ Date \_\_\_\_\_