

Indian Institute of Technology Bombay

APPLICATION BY PG STUDENTS FOR ACADEMIC LEAVE

(Form to be used with effect from 17th February, 2014)

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: ____/____/____