C I C S COLLEGE OF TEACHER EDUCATION

MATHARA, KOZHIKODE

LEAVE FORM

1. Name of the teacher trainee :
2. Optional subject :
3. Roll number :
4. Number of days of leave applied for with date :
5. Reason for leave :
6. Number of leaves already availed of during the semester :
7. Signature of the applicant with date :
8. Dated signature of the teacher concerned :
9. Approval of sanctioning authority :

Station :

Date :