RABIAMMAL AHAMED MAIDEEN COLLEGE FOR WOMEN,

Off. Vasan Nagar, Tiruvarur - 610 001.

STUDENT`S LEAVE LETTER

Name :

Date :

Class :

Roll No. :

Number of days leave already availed during the Semester :

Period of Leave required : (from ..... till .....)

Reason for Leave :

Signature of the Student :

Signature of the Parent :

Signature of the H.O.D. :

Signature of the Principal :