
	DEPARTMENT OF CIVIL ENGINEERING SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY, SURAT		Ph. No. DCE: 2201841 / 2201842 Inst. (O): 2223371 to 2223374 FAX No. 2227334, 2228394 Email: hod@ced.svnit.ac.in
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Leave Application for Ph.D.

Date:

1. **Student Name:**
2. **Roll No.:**
3. **Bio-metric ID No**.: _____**
4. **Type of Leave Requested:** Casual / Duty*/ Standard
5. **Leave Details:**
6. **Leave Period:** On/From _____ to _____
7. **Total number of days Requested:**
8. **Alternate Arrangement: (As per page no. 2)**

Student Signature

Through Supervisor

Office Record

Total Leave:	
Used Leave:	
Balance Leave	
Verified by:	

Signature of Ph.D. Co-ordinator

Head of Department

*In case of Duty Leave, please attach reference documents.

**All fields are Mandatory

	<p align="center">DEPARTMENT OF CIVIL ENGINEERING</p> <p align="center">SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY, SURAT</p>		<p>Ph. No. DCE: 2201841 / 2201842 Inst. (O): 2223371 to 2223374 FAX No. 2227334, 2228394 Email: hod@ced.svnit.ac.in</p>
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Alternative arrangement of classes

Name of research scholar: _____

Duration (dates): From _____ to _____

Purpose (reason) of leave: _____

Date & Day	Class (B.Tech/M.Tech)	Subject (L/T/P)	Period	Research Scholar / TA to Whom Class is assigned	
				Name	Signature

Date:

Signature: