

## APPENDIX – II

### APPLICATION FOR LEAVE (FORMAT)

Number of leave already taken: .....

*Name of Pupil* :  
*Class* :  
*Class No* :  
*Admission Number* :  
*Date on which leave taken* :  
*Reason for Leave* :  
:  
*Recommendation of Guardian* :  
*Dated Signature of the Applicant* :  
:  
*Remarks of the Tutor:* :  
*Order of the Principal:* :

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#### **N.B:**

*If leave is applied on medical grounds for more than 3 days, a medical certificate must be obtained from a Medical Officer not below the rank of a Civil Surgeon.*

