



**ST. JOSEPH'S COLLEGE FOR WOMEN, KANGEYAM ROAD,  
TIRUPUR-641604**

**Form -06**

**STUDENT LEAVE FORM**

Date :

Name :	Register No :
Class :	Semester :
Department :	
Type of leave	: Other leave/ Medical leave
Reason for leave	:
Leave applied date	: From-----/-----/----- To -----/-----/-----
No. of days	:
No. of days already taken	:
Date of submission	: ----/-----/-----
Student's Signature	Parent's Signature
Class Tutor	Head of the Department

**Note: For Medical leave, you have to enclose Medical Certificate.**