



UNIVERSITY COLLEGE OF ENGINEERING ARIYALUR

(A Constituent College of Anna University-Chennai)

Kathankudikadu, Thelur(PO), Ariyalur-621704

STUDENT APPLICATION FORM FOR LEAVE/ON DUTY/PERMISSION

Name of the Student (in block letters):

Register Number:

Course and Branch:

Year and Semester:

Gender:

Hosteller/Days Scholar:

Name of the Father / Mother / Guardian (in block letters):

Present Address with phone no:

Leave so far availed in this semester:

To

Respected Sir,

Place:

Yours faithfully

Date:

(Signature of the Student)

Signature of the Class Advisor

Signature of the Head of the Department