



**AV.P.**  
**COLLEGE OF ARTS AND SCIENCE**

[ Affiliated to Bharathiar University, Coimbatore ]

📍 No 4, Chettipalayam, T.M Poondi [PO], Tirupur – 641 652, Tamil Nadu.

**LEAVE APPLICATION**

Date.....

1. Name of the Student : .....
2. Course / Class : .....
3. Resi. Address with Ph. No : .....
4. No. of days leave requested : ..... Days  
(From ..... To .....)
5. Reason : .....
6. Whether MC Enclosed : Yes/No  
(For 3 Days & Above)

Signature of the Student

Signature of the Parent

(to be filled by the Class In-Charge)

7. No. of days leave already taken : .....
8. Cumulative Attendance % : .....

Remarks / Recommendation of Class Teacher

**HoD**

**PRINCIPAL**