

**Indian Institute of Technology Bombay**

**APPLICATION BY PG STUDENTS FOR ACADEMIC LEAVE**

(Form to be used with effect from 17<sup>th</sup> February, 2014)

Name of the student: \_\_\_\_\_ Roll No.: \_\_\_\_\_

Academic Unit (Dept / Centre etc.): \_\_\_\_\_

Academic Programme : MTech / PhD / MTech+PhD / MSc+PhD / Other \_\_\_\_\_

Discipline: \_\_\_\_\_ Specialization: \_\_\_\_\_

Category of Registration : TA / TAP / RA / FA / Other \_\_\_\_\_

Leave Period: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of days (including holidays): \_\_\_\_\_

Purpose of official leave: \_\_\_\_\_

Place(s) of visit: \_\_\_\_\_

(One of the following to be ticked )

- My stipend/scholarship from the Institute should be continued during the leave period.
- My stipend/scholarship from the Institute need not be continued during the leave period.
- I am not supported by a stipend/scholarship from the Institute.

*I have taken approval from the concerned supervisor(s) for my teaching/lab/other duties as assigned by the Head of the Academic Unit. I understand that I need to get approval from the course instructors if I have registered for any courses and that the leave granted to me does not exempt me from the tests/assignments/examinations in such courses. I hereby declare that if I continue to draw stipend/scholarship during the period of official leave, I shall not simultaneously claim any stipend/scholarship/salary from an alternate source without receiving a specific permission for the same from the competent authority at IIT Bombay. I understand that in case of violation of this declaration, I will have to return the money and I will also be liable to face penal action as found appropriate.*

Signature of the student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Recommendation by the Faculty Advisor / Thesis Supervisor: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR OFFICIAL USE

*Decision / Recommendation by the Head of the Academic Unit*

- Approved (*leave  $\leq$  15 days*) / Recommended (*leave  $\geq$  16 days*) with financial support
- Approved (*leave  $\leq$  15 days*) / Recommended (*leave  $\geq$  16 days*) without financial support

Comment \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(If requested leave  $\geq$  16 days, the application is to be forwarded to the Office of Dean AP)*

*Decision by the Dean AP / Associate Dean AP*

Approved      Comment \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_