Indian Institute of Technology Bombay

APPLICATION BY PG STUDENTS FOR ACADEMIC LEAVE
(Form to be used with effect from 17th February, 2014)

Name of the student: Roll No:

Academic Unit (Dept / Centre etc): Industrial Engineering & Operations Research

Academic Programme: M Tech / PhD / M Tech+PhD / MSc+PhD / Other:

Discipline: _____ __   Specialization: _____

Category of Registration: TA / TAP / RA / FA / Others:

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 <u>should be continued</u> during the leave period.

My stipend/scholarship from the Institute <u>need not be continued</u> 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 form 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 student: _____   Date: ____/____/____

Recommendation by the faculty advisor / Thesis Supervisor

Name: Signature: Date:

For Office Use:

Decision/ Recommendation by the Head of the Academic Unit

Approved (leave $\leq$ 15 days) / Recommended (leave $\geq$ 16 days) <u>with</u> financial support

Approved (leave $\leq$ 15 days) / Recommended (leave $\geq$ 16 days) <u>without</u> 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: