

Industrial Engineering & Operations Research
Indian Institute of Technology Bombay

APPLICATION BY STUDENTS FOR ACADEMIC (OFFICIAL) LEAVE

Name of the student: _____ Roll No: _____

Academic Programme: M Tech / PhD / M Tech + PhD / MSc & PhD /IDDDP/ MSc/ B Tech _____ Other: _____

Category of Registration: TA / TAP / RA / FA / SW/ PS/ IS/ FN _____ Others: _____

Leave Period: From _____/_____/_____ to _____/_____/_____ Number of days (Including holidays): _____

Purpose of official leave & Place: (*Please attach supportive document for official leave)

(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 a stipend/scholarship during the period of official leave, I shall not simultaneously claim any stipend/ Scholarship/salary from an alternate source without receiving 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.

Date: _____/_____/_____ Signature of student:

A) Recommendation by the faculty advisor / Thesis Supervisor: Signature & Date:

B) Recommendation by the TA Course instructor: Signature & Date:

Decision/ Recommendation by the Head of the Academic Unit

Approved (leave \leq 5 days) / Recommended (leave \geq 6 days) with financial support

Approved (leave \leq 5 days) / Recommended (leave \geq 6 days) without financial support

Comment:

Date: _____ Signature: _____

(If requested leave \geq 6 days, the application is to be forwarded to the Office of Dean AP)

The decision by the Dean AP/ Associate Dean AP

Approved/ Not approved _____ Comment: _____

Date: _____ Signature: _____