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.): _____

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 <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 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 ≤ 5 days*) / Recommended (*leave > 5 days*) <u>with</u> financial support Approved

☐ (*leave ≤ 5 days*) / Recommended (*leave > 5 days*) <u>without</u> financial support

Comment _____

Signature: _____ Date: ____/_____/_____

(If requested leave > 5 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: ____/_____/_____