

**SCHOOL OF INTERDISCIPLINARY RESEARCH
INDIAN INSTITUTE OF TECHNOLOGY DELHI**

Application for availing leave by Research Scholars (Ph.D.)

PART-I

1. Name _____ 2. Entry No. _____
3. Programme _____ 4. Name of Supervisor/Co-Supervisor _____
5. Date & No. of days for which leave applied for _____
- No. of days _____ From _____ to _____
6. Reason for availing leave _____
7. Leave Address _____

Date _____

Signature of student

PART-II

RECOMMENDATIONS OF THE SUPERVISOR/CO-SUPERVISOR

- (a) No. of days for which leave already availed during the present semester _____
- (b) No. of days for which leave already availed during the academic year _____
- (c) Whether he/she recommends the leave or not _____

Date _____

Signature of Supervisor/Co-supervisor

DECISION OF THE HEAD OF THE DEPARTMENT

Leave **approved/Not approved**

Date _____

Signature of Head