

NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH GUWAHATI  
(NIPER-GUWAHATI)

(Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, Govt. of India)



LEAVE APPLICATION for students

Date:

Name of the student: ..... Reg. No..... Semester: .....

Hostel Room No.: ..... requested to kindly grant me ..... days leave i.e., from ..... to .....

for the Purpose of : .....

Contact No. & Address (If the student is not going to be in station). : .....

For Office use only:

Signature of student

Total leave availed so far :  
Balance of leave :  
Leave applied now :  
Balance of leave :

Dealing Asstt.	Advisor/Co-Advisor Recommended/Not Recommended	Department In-Charge Recommended/Not Recommended	Assoc. Dean
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JOINING REPORT for students

Date:

Name of the student: .....

Department:.....

Reg. No..... Semester: .....

Period of leave:.....days i.e., from ..... to .....

Purpose of leave: .....

Date of Joining:.....

Signature of Student

Dealing Asstt.	Advisor/Co-advisor	Assoc. Dean
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