



Academic-UG Section
DELHI TECHNOLOGICAL UNIVERSITY
SHAHBAD DAULATPUR, BAWANA ROAD, DELHI 110042

F.No.101/17/DTU/Acad/2006/AMC/67045-71

Dt: 11/2/16

Sub: Submission of leave application of 1st year B.Tech. Students.

With reference to notification no. F.No. 101/17/DTU/Acad./2006/AMC/5960-67, dt: 09.10.2015, it has been observed that the HoD's are forwarding handwritten leave applications of 1st year students. These applications are not accompanied by required medical certificate etc. Attention of all HoD's is requested towards Clause-23 and relevant annexure F of B.Tech. Ordinance and Regulation (Ordinance 1-A) 2015, wherein application for leave is to be applied for and documents as mention in the annexure are to be attached. Therefore HoD's are hereby requested to forward leave application in prescribed format only.

(Prof. Madhusudan Singh)
Dean Academic (UG)

Encl: Format

F.No.101/17/DTU/Acad/2006/AMC/67045-71

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Copy for information and further necessary action:-

1. PS to the V.C. for kind information to the Hon'ble Vice Chancellor.
2. PA to PVC for information to the Pro Vice Chancellor, DTU.
3. The Registrar, DTU.
4. All Deans
5. Chief Warden
6. All HoD's with the request to get the notice displayed on the Department Notice Board.
7. Librarian
8. Director, Ph, Edu.
9. DR (A/c)
10. Head (CC): with the request to upload notice on Academic and application format under 'Forms' page.

(Dr. Lokesh Garg)
Asth. Registrar (Acad-UG)

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DELHI TECHNOLOGICAL UNIVERSITY
Leave Application for Students

(Application in-complete in any manner will not be accepted)

1.	Name of Student				
2.	Registration/Roll No.				
3.	Name of Department				
4.	Period of Leave applied for				
5.	Total number of actual working days				
6.	Dates and codes of classes missed				
	Sr. No.	Date	Subject	Paper Code	Class Teacher Name
	1				
	2				
	3				
	4				
5					
7.	Reasons:(Attach Copy of proof approval, if any) a) Medical b) Academic reasons (Mention) c) Any other (Mention)				
8.	Address:				
9.	Details of earlier shortage of attendance:				
10.	Declaration: I hereby solemnly declare that the foregoing facts are true and correct and nothing is false therein and nothing material has been concealed there from. I also agree that in case any information given by me herein before is found false at later date, the result for the requested courses be cancelled.				
11.		Student	Parent		
	Name				
	Sign				
	Date				
	Place				
	Mob No.				
Email-Id					
12.	Enclosures to be attached:				
	Recommendation of Concerned Warden (if the students Resides in University Hostel)				
	Medical Certificate issued by the Medical Officer of the Hospital the student was admitted duly endorsed by Medical Officer of University Health center				
	Proof of admission in Hospital and discharge slip etc.				
	Proof of medical teste conducted				
	Fitness certificate of the hospital				
	Endorsement by Parent/guardian on the certificate of treatment (if the student is a Day scholar)				
	Medical certificate from hospital where Parents/real brother or sister/spouse was admitted in ICU endorsed by Medical Officer of University Health Center				
	Prior Approval of Dean (UG) for any authorized work in the academic interest				