THE DIGITAL INDIA BOARD OF EDUCATION

An ISO 9001:2015 Cetified Educational Organization

Website: www.tdibe.in

STUDENT LEAVE APPLICATION FORM

Study Centre Name: ……
Study Centre Address: ……

Name of the Students : …… *Guardian Name : ……*

Mobile No : …… *Whatsapp No : ……*

Sector :…… *Course Name : ……*

Batch Name : …… *Roll No : ……* *Duration of Leave : ……Days (……to……)*

Reason of Leave :

……
……
……

Approved by *Approved by*

Signature of the student ***(Head of the Department)*** ***(Centre-In-Charge)***

Date:-