

Hope Foundation's
Finolex Academy of Management and Technology
Department of First Year Engineering

Name: _____
Reg. No.: _____
Div. & Roll: _____
Mobile: _____
Date: _____

To,
The HoD,
First Year Engineering Department,
Finolex Academy of Management and Technology, Ratnagiri

Subj: Application to grant leave of absence and request for condonation of attendance

Respected Sir,

I was/will be absent in the institute during for the reason and period mentioned below.

Sr.	Reason * (Medical/Family/Personal/ Participation in activities)	Date(s) of absence (From-To/Coma separated values)	No. of days	Proof attached * (Y/N) (if applicable)	Remark and Sign of Parent/ Event Coordinator (If applicable)
1					
2					
3					
4					
5					

It is therefore requested to grant leave of absence and consider the same for condonation of attendance.

Signature of Student

Note: * 1) For medical reason attach Medical certificate
2) For family and medical reason sign of the parent and/or letter from Parent
3) For participation in activities attach certificate/letter of participation/Remark of Event Coordinator with signature and date
4) If application submitted before prior to leave, student has to submit the appropriate documents after joining

For Office Use Only

Forwarded to Department Student Attendance Monitoring Committee for necessary action.

HoD
First Year Engineering Department