

To

Date:

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The Director (IHTM),
M.D. University, Rohtak.

Subject: Request for Leave (IHTM Student)

Sir,

I am a student of **MHMCT/MTTM/MHMCT 5 Yrs/BHMCT/BTTM** under Roll no. Batch presently in Semester.....

It is kindly stated that due to a sudden illness/ urgent work/..... I will not be able to attend my classes in the Institute for One Day/ Two days/ few days I request you to grant me leave from.....to.....that I will miss. I shall make up for the lost work. I shall return to Institute on and take due care that my work or performance does not suffer.

Yours Obediently,

Name & Signature: _____

Mobile No: _____

For Office use only:

Recd Application on, Apprised the Director and e mail sent to concerned teachers on their official mail through office.ihtm@mdurohtak.ac.in, record placed in file.

Office Asst.