



RADHAKRISHNA INSTITUTE OF TECHNOLOGY AND ENGINEERING

IDCO PLOT NO - 1, KHURDA INDUSTRIAL ESTATE BARUNEI,  
BHUBANESWAR - 752057

LEAVE REQUEST FORM

NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

REGISTRATION NO. \_\_\_\_\_ SESSION \_\_\_\_\_

Request for \_\_\_\_\_ days leave (General/Medical) period / Duration from \_\_\_\_\_  
to \_\_\_\_\_ Purpose / Reason \_\_\_\_\_

Leave Address :- (Resident)

If other than Resident

S/O -
At -
P:O -
Dist -
Mobile (Self) -
Mobile (Parents)

S/O -
At -
P:O -
Dist -
Mobile (Self) -
Mobile (Parents)

I do here by declare that above mentioned information is correct.

Full Signature of the Student

(Advisor Signature and Name)

Hostel Superintendent

Granted / Not Granted

Principal