JAYOTI VIDYAPEETH WOMEN'S UNIVERSITY, JAIPUR

LEAVE FORMAT BETWEEN ACADEMICS

Iguardian of Ms	
(Name of Parent)	(Name of Student)
Bearing Enrollment number	hereby requests University Authorities to
permit my ward on Leave for Days from Date	///
for	(Pls mention Reason).

Declaration

Conclusion

"I am fully aware & well known about the loss of Academics of my ward, still I wish to take her on leave Kindly permit her Gate Pass"

Date...../...../....../......

Signature of (Parents)

Important Instructions for Parents/ Guardians:

- Kindly download & Print the Leave Format
- Fill the format in blue ink and sign it.
- Filled format need to be submitted at Communication Center or mail at <u>jvwufax@gmail.com</u>
- Kindly mark CC to registrar@jvwu.ac.in & advo@jvwu.ac.in