

GOVT. AIZAWL NORTH COLLEGE
STUDENT LEAVE APPLICATION FORM

To : The Head of Department

Department of _____

1. Name of student : _____

2. Semester : _____ Core/Major : _____

Full Roll Number : _____

3. Number of days absent : _____ day(s)
(Kal loh ni zat)

Dates *(Kal loh ni)* : _____

5. Reason for absence : (write in English Or Mizo)
(Kal loh chhan)

Signature of student

Phone Number

Signature of parents/guardian

Phone Number

Approved by : _____
Head of Department

Note:

1. Photo copies of supporting documents if available, must be attached along with this form.
Kal loh chhan finfiahna lekhha a awm chuan, a photocopy (xerox copy) thil tel tur a ni.
2. Students have to submit the Leave Letter to all Head of departments whose classes they miss while being absent.
Zirlaiin a kal loh ni a a absent-na subject Head of Department-te hnenah Leave Letter hrang a theh lut vek tur a ni.