Form No: PH26

INDIAN INSTITUTE OF TECHNOLOGY (INDIAN SCHOOL OF MINES) DHANBAD
OFFICE OF THE DEAN (ACADEMIC)
APPLICATION FORM FOR SEMESTER LEAVE FOR FULL-TIME Ph.D. SCHOLARS AND SEMESTER DROP FOR PART – TIME Ph.D. SCHOLARS

Academic Session			**Semester**	Monsoon	√	Winter	√
1.	Name of Scholar						
2.	Admission No.		Department				
3.	Program		Branch (if Any)				
4.	Institute Email ID		Contact Number				
5.	**Academic Record**						
6.	Current CGPA		Academic Status (Tick if applicable)	Warning	Please √	Academic Probation	Please √
7.	Backlog, if any	Failed Backlog Count		Fresh Backlog Count			
8.	**Purpose & Declaration for taking Semester Leave *(Please √ in appropriate box)***						

A. <u>On Medical Ground</u>	*Maximum Two Semesters in the entire Ph.D. Program*	Please √

Before submitting the application form for sanctioning the semester leave (temporary withdrawal) from my academic program on **MEDICAL GROUND, I have read all the terms and conditions** related to availing the semester leave on medical grounds very carefully. For sanctioning of the semester leave on medical ground, all the medical documents are attached along with this form for substantiating the reason. I do, hereby promise that after availing the sanctioned semester leave on medical ground, I will submit **a Medical Fitness Certification** from the Institute's Medical Board on the Physical Registration/Reporting date of the semester for confirming my provisional registration. I will abide by all the terms and conditions specified in the Ph.D. Manual as well as in the Office Memorandum to be issued to me after sanctioning of semester leave on medical ground, failing which the Institute will have the right to take necessary action deemed fit. I will never make the request for any kind of adjustment/waiver in the academic activities and academic requirements for completion of my academic program.

B. <u>Other Reasons</u>	*Maximum One Semester in the entire Ph.D. Program*	Please √

Before submitting the application form for sanctioning the semester leave (temporary withdrawal from my academic program) **I have read all the terms and conditions** related to taking the semester leave due to extenuating circumstances (i.e., _____) very carefully. For sanctioning of semester leave due to the reason, as specified, all the relevant documents attached along with this form for substantiating the reason for which semester leave will be granted to me. I do, hereby promise that after availing the sanctioned semester leave due to extenuating circumstances, I will be present on Physical Registration/Reporting date of the next semester. I will abide by all the terms and conditions specified in the Ph.D. Manual as well as in the Office Memorandum to be issued to me after sanctioning of semester leave due to extenuating circumstances, failing which the Institute will have the right to take necessary action deemed fit. I will never make the request for any kind of adjustment/waiver in the academic activities and academic requirements for completion of my academic program.

Date: _____

(Signature of the Scholar)

Recommendation of the Supervisor / DSC (if space is not sufficient, please attach separate sheet):

Signature of Supervisor / DSC Members present:

Name (Department)	Position	Signature	Name (Department)	Position	Signature
	Supervisor			Chairperson	
	Member (Dept.)			Member (Dept.)	
	Member (Sister Dept.)			Member (Sister Dept.)	
	Joint-Supervisor (internal) (if any)			Joint-Supervisor (external) (if any)	

Forwarded by Convener, DPGC (Name & Signature):_____

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Verification of record, whether the scholar has availed any semester leave : YES ☐ ☐
If, 'YES', then specified the duration: _____.

Office of Dean (Academic): Observation(s) if any: JA(Acad) JS/Supdt (Acad)	RECOMMENDED / NOT RECOMMENDED Assistant Registrar (PG) APPROVED / NOT APPROVED Associate Dean (PG)