Form No: PG7

INDIAN INSTITUTE OF TECHNOLOGY (INDIAN SCHOOL OF MINES) DHANBAD
OFFICE OF THE DEAN (ACADEMIC)
APPLICATION FORM FOR SEMESTER LEAVE

Academic Session			**Semester**	Monsoon	√	Winter	√
1.	Name of Student/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. On Medical Ground — *Maximum Two Semesters in the entire Academic 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 PG/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. For Joining of Job (Only for PG Students) — *Maximum Two Semesters in the entire Academic Program* — Please √

Before submitting the application form for sanctioning the semester leave (temporary withdrawal) from my academic program for **JOINING OF A JOB, I have read all the terms and conditions** related to availing the semester leave for the same very carefully. For sanctioning of semester leave on the ground of joining a job, all the relevant documents are 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, I will complete the remaining academic requirements of the PG Degree within the maximum duration of Three Years (Four years in case of 3-Year M.Sc.Tech.). I hereby declare that if I could not join the Institute after availing the semester leave (consecutive two semesters) or fail to complete the academic requirements of the PG Degree within the specified duration, then I will not make any request to extend the period beyond the maximum duration. I will accept the PG Diploma subject to fulfillment of all the requirements prescribed for obtaining the same. I will abide by all the terms and conditions specified in the PG Manual as well as in the Office Memorandum to be issued to me after sanctioning of semester leave. In this case, 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.

C. Other Reasons — *Maximum One Semester in the entire Academic 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 PG/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 Student / Scholar)

Recommendation of the concerned Department

Recommendation of the Supervisor, if pursuing the research work:

YES ☐ **NO** ☐

Date: _____ **(Name & Signature of Supervisor)**

Recommended by the Convener, DPGC:	**Forwarded by the HOD:**
Date: _____	Date: _____
(Signature of Convener, DPGC)	**(Signature of HOD)**

FOR OFFICE USE ONLY

Verification of record, whether the student/scholar availed any semester leave : YES ☐ **NO** ☐
If, 'YES', then specified the duration: _____.

Remarks, if any: _____

Date: _____

(Signature of Dealing Assistant)

	APPROVED BY DEAN (ACADEMIC): Date: _____ **Signature of Dean (Academic)**

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