

XAVIER INSTITUTE OF MANAGEMENT AND ENTREPRENEURSHIP Electronic City Phase II, Bangalore- 560100

Students Leave Application		
Name of the Student:	Roll No:	Batch:
Leave Requested: From:	То:	No. of Days
Purpose:		
		Parent Mobile Number:
Signature of the Student		Student Mobile Number:
	For Office use only	
Batch Co-Ordinator		Dean (Academics)