



DECENT PUBLIC SCHOOL

Senior Secondary (Recognised and C.B.S.E. Affiliated)

MEDICAL NON-MEDICAL COMMERCE HUMANITIES

Leaving Request Form

Name	Subjects taught
Leaving Period from _____ to _____	Class taught
Reason for Leave	Class Adjustment suggest (if any)

Dated : ___ / ___ / ___

Applicant Signature

Comment:

Receiver Counter Sign.

Principal Sign.