

LEAVE APPLICATION FORM

I would like to availdays of leave with effect fromto

For the reason mentioned below (*tick the appropriate one*):

1. Medical
2. Census
3. Making I D Card
4. Family tragedy
5. If others, specify

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Applicant's name :

Applicant's Trade and Year :

Evidence for applying for leave: (Phone call or letter from home)

Signature of the applicants:

Warden/Matron's Signature

Concerned HoD's Signature

APPROVED/ NOT APPROVED

Principal (Signature)

- Make two copies and send one each to warden/ Matron and Institute's Chief counselors for information.
 - This original application must be retained with concerned HoD.
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