

## Leave Application Form

Designation:	Full st	Jahir Ho ack Dev			1059	
Joining Date:	24 Ma	1, 2021	Confirmation	Date:		
Company:?	Amana	GHOUP		Branch: V-	ttana	
Department//Se	otion: I	T				
Type of Leave:	Medi	ical (ML)				
Praying for Leav	ve: from	2-10-24	t	0. 12-10	7-24	
Total Day(s):	16					
Purpose of Leav	ve: Sic	kness				
Address during l	Leave:	Uttarra, Dh	a K.a. <u>Eslam Designation:</u>		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				Recommendation of Concerned Organization/Dept./Sec. In-charge		
Jalinetta	san	<u>Am</u>	1 m 698			
Applicant's Signature Date: 26-10-29		Signature of Officer (By whom duties to be carried out)		Signature:  Name: MD. Woalid Hosse  Designation: Dinector		
4105	1171505	10 No.:69&		ID No.:		
Mobile No.: 0185			the same of the sa			
Mobile No.: 0[85		(To be filled	t's Leave Reco	e)		
	Available Leave		Up by concerned office Granted Leave (To be filled up after	Total Leave	Leave Balance	Remarks
		(To be filled	up by concerned office	e)		Remarks
Type of Leave		(To be filled	Up by concerned office Granted Leave (To be filled up after	Total Leave		Remarks
Type of Leave Casual Leave		(To be filled	Up by concerned office Granted Leave (To be filled up after	Total Leave		Remarks









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11:

Today

আসসালামু আলাইকুম স্যার
আমি, গত ২৮-০৯-২০২৪(শনিবার) হাফ
দিন, ১২-১০-২০২৪(শনিবার) অসুস্থতার জন্য
এবং ১৯-১০-২০২৪(শনিবার) চাচার মৃত্যুর
জন্য ছুটি নিয়েছি। আপনি অনুগ্রহ করে
আমার এই ছুটিগুলা অনুমোদন দিবেন।
ধন্যবাদ স্যার।

Approved 9:57 am







