APPLICATION FOR DUTY LEAVE

Name of School	:
Name	:
Designation	:
Duration of Leave	: Fromto(Total Days)
Reason	:
Leave Address	:
	Mobile No
As following:-	ents for my academic commitments, if any during the leave period.
2	
	Signature of Employee: Date:
Forwarded by HOD	
(Signature & Seal of the HOD)	
Recommended / Not Rec	ommended
(Signature & Seal of the R	ecommended Authority)
	Hon'ble Vice Chancellor
NOTE:-	

1.	Duty Leave of all Vice-Chancellor.	the	faculty	members	will	be	sanctioned	by	the	Honb'ble