

**BITS, PILANI- K. K. BIRLA GOA CAMPUS**  
**APPLICATION FORM FOR CASUAL LEAVE**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ GPSRN No.: \_\_\_\_\_

Unit / Dept.: \_\_\_\_\_ Designation: \_\_\_\_\_

No. of Days \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_ Sundays / holidays (prefixed/suffixed): \_\_\_\_\_

Purpose: \_\_\_\_\_

Following arrangements are made for assigned work :

Assignment	Name of substitute
Class work/ Unit Work	
Invigilation duty	
Any other duties assigned _____	
Balance Leave	

Granted

\_\_\_\_\_  
Signature of the Employee

Head of Deparment / Faculty Incharge \_\_\_\_\_

**BITS, PILANI- K. K. BIRLA GOA CAMPUS**  
**APPLICATION FORM FOR CASUAL LEAVE**

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Granted

\_\_\_\_\_  
Signature of the Employee

Head of Department / Faculty Incharge \_\_\_\_\_

**BITS, PILANI- K. K. BIRLA GOA CAMPUS****APPLICATION FORM FOR CASUAL LEAVE FOR IN-CHARGE / HEAD OF DEPARTMENT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ GPSRN No.: \_\_\_\_\_

Unit / Dept: \_\_\_\_\_ Designation: \_\_\_\_\_

No. of Days \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_ Sundays / holidays (prefixed/suffixed): \_\_\_\_\_

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Signature of the EmployeeGranted**Director****BITS, PILANI- K. K. BIRLA GOA CAMPUS****APPLICATION FORM FOR CASUAL LEAVE FOR IN-CHARGE / HEAD OF DEPARTMENT**

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Signature of the EmployeeGranted**Director**

**BITS, PILANI- K. K. BIRLA GOA CAMPUS**  
**APPLICATION FORM FOR SPECIAL CASUAL LEAVE**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ GPSRN No.: \_\_\_\_\_

Unit / Dept : \_\_\_\_\_ Designation: \_\_\_\_\_

No. of Days \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_ Sundays / holidays (prefixed/suffixed): \_\_\_\_\_

Purpose: \_\_\_\_\_

**(Please furnish supporting details)**

Following arrangements are made for assigned work :

Assignment	Name of substitute
Class work/ Unit Work	
Invigilation duty	
Any other duties assigned _____	

\_\_\_\_\_  
**Signature of the Employee**

Granted

Head of Department / Faculty In-charge \_\_\_\_\_

**BITS, PILANI- K. K. BIRLA GOA CAMPUS**  
**APPLICATION FORM FOR SPECIAL CASUAL LEAVE**

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Invigilation duty	
Any other duties assigned _____	

\_\_\_\_\_  
**Signature of the Employee**

Granted

Head of Department / Faculty In-charge \_\_\_\_\_

**BITS, PILANI- K. K. BIRLA GOA CAMPUS**  
**APPLICATION FORM FOR SPECIAL CASUAL LEAVE FOR IN-CHARGE /**  
**HEAD OF DEPARTMENT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ GPSRN No.: \_\_\_\_\_

Unit / Dept : \_\_\_\_\_ Designation: \_\_\_\_\_

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**Signature of the Employee**

Granted

**Director**

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**APPLICATION FORM FOR SPECIAL CASUAL LEAVE FOR IN-CHARGE /**  
**HEAD OF DEPARTMENT**

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**Signature of the Employee**

Granted

**Director**