BITS, PILANI- K. K. BIRLA GOA CAMPUS

APPLICATION FORM FOR CASUAL LEAVE

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nit / Dept.:			Designation:
			Sundays / holidays (prefixed/suffixed):
urpose:			
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Assignment			Name of substitute
Class work/ Unit	Work		
Invigilation duty			
Any other duties	assigned		_
Balance Leave			
	ent / Faculty Incharg	ge	Signature of the Employe
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Head of Department / Faculty Incharge _____

BITS, PILANI- K. K. BIRLA GOA CAMPUS

Date:		JR CASUAL LEA	VE FOR IN-CHARGE / HEAD OF DEPARTMENT
Name:			GPSRN No.:
Unit / Dept:			Designation:
No. of Days	From:	To	Sundays / holidays (prefixed/suffixed):
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Assignment			Name of substitute
Class work/ Unit	t Work		
Invigilation duty			
Any other duties	assigned		
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Director			
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Unit / Dept :			Designation:
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Class work/ Unit	t Work		
Invigilation duty			
Any other duties	assigned		
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<u>Granted</u>			,

Director

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

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Assignment			Name of substitute
Class work/ Unit We	ork		
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Any other duties as			
	nt / Faculty In-cha	arge	Signature of the Employee
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Head of Department / Faculty In-charge ___

BITS, PILANI- K. K. BIRLA GOA CAMPUS

$\frac{\mathsf{APPLICATION} \; \mathsf{FORM} \; \mathsf{FOR} \; \mathsf{SPECIAL} \; \mathsf{CASUAL} \; \mathsf{LEAVE} \; \mathsf{FOR} \; \mathsf{IN\text{-}CHARGE} \, / }{\mathsf{HEAD} \; \mathsf{OF} \; \mathsf{DEPARTMENT}}$

Date:			
Name:			GPSRN No.:
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No. of Days	From:	To	Sundays / holidays (prefixed/suffixed):
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Assignment			Name of substitute
Class work/ Unit	Work		
Invigilation duty			
Any other duties			
Granted			Signature of the Employee
<u>Orantoa</u>			
Director			
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Date:			
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Unit / Dept :			Designation:
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Class work/ Unit	VVork		
Invigilation duty			
Any other duties	assigned		_

Signature of the Employee

Granted

Director