

Date.....2020

HEAD OF DEPARTMENT
OF SCHOOL OF COMPUTER SCIENCE
DAVV INDORE

SUB..... APPLICATION FOR THE CL/RH LEAVE

Sir,

I STAND IN NEED OF..... DAYS CASUAL/ R.H/ LEAVE

FROM ON..... TO

KINDLY GRANT ME LEAVE FOR THE SAME PERIOD

.....
SIGNATURE

HEAD

.....
SIGNATURE

(NAME).....

(DESIGNATION).....

SCHOOL OF COMPUTER SCIENCE & INFORMATION TECHNOLOGY

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Date :

CERTIFICATE

This is to certify that Mr/Ms..... is a regular
Student of (Session.....) Programme in the
Department. This certificate is being issued to him / her for City Pass
Purpose.

Class Coordinator

Head, SCSIT