## **NRI INSTITUTE OF TECHNOLOGY**

(Approved by AICTE, New Delhi :: Affiliated to JNTUK, Kakinada)
An ISO 9001 : 2008 Certified Institution

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<b>Application For- Casual Leave</b>		Date:	Date:	
Name of the Employee:				
Designation	·	<b>Departme</b>	nt	
Number of Days Appl	ied		1	
From	,	To		
Reason				
E-mail				
phone number:				
Address During Leave Period				
Class Work Adjustment particulars	Please see overleaf			
Pricipal	Head of the Depar	rtment	Signature of the Applicant	

## For Office Use Only

Application For- Casual Leave		Date:	
Name of the Employee:			
Designation	Department		
Number of Days Applied		1	
From	To		
Reason			
E-mail			
phone number:			
Address During Leave Period			
Number of Leaves Availed so far	Balance Numbe Of Leaves	r	
Pricipal   A	dministrative Officer   He	ad of the Department	

## Class work adjustment particulars

Date	Subject/Lab	Year & Branch/	Period	Name of the faculty	Signature
		Section Section		lacuity	