

LEAVE APPLICATION FORM

1. Name : Nagarjuna Reddy Movva

Date: 15/09/201

2. Designation : Tr.Supervisor

3. No of Days : 1 **From** 15/09/201 **To** 15/09/2016

4. Reasons for leave :

5. Address & Telephone No.s During Leave :

Department Head

Employee Signature

VP

M.D. / Director