**SVS GROUP OF INSTITUTIONS, Mawana, Meerut**

**Leave Application Form**

CL / ML / AL / EL / ODL/OD

NAME…………………………………..…………………………………DESIGNATION………………….…..…DEPARTMENT…………………….……

DURATION of LEAVE……………………………………REASON for LEAVE……………………………………………………

ADDRESS DURING LEAVE………………………………………………………….CELL NO………………………..…………..

DATE…………………. SIGNATURE

(FOR OFFICE USE ONLY)

NATURE of LEAVE…………... TOTAL LEAVE ….…………LEAVES AVAILED…………..…BALANCE LEAVE……………...

OFFICE ASSISTANT

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Sanctioned/ Not Sanctioned

DIRECTOR

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