PARSHWANATH CHARITABLE TRUST'S



A.P. SHAH INSTITUTE OF TECHNOLOGY





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To,
The Head of Department,
[Department Name],
[College/School Name],
[Location]
Date://
Subject: Application for Leave

I, [Your Full Name], working as [Your Designation, e.g., Assistant Professor in Computer Science Department], request you to kindly grant me leave from [Start Date] to [End Date]

due to [Reason for Leave].

Respected Sir/Madam,

During this period, I will ensure that alternative arrangements for my scheduled classes are made, if required. I kindly request your approval for the same.

Thanking you in anticipation.

Yours sincerely, [Your Full Name] [Your Designation] [Department Name]

Signature:



Dhananjay Agarwal HOD

{pagenumber} Page 1 of 1