



LEAVE APPLICATION FORM FOR TRAINEES

(in duplicate)

To be filled by trainee : _____ Date : ___/___/___

Name : _____ Puen : _____

Course : _____ Batch : _____

Duration of leave from : Hostel : From ___/___/___ to ___/___/___
 Class : From ___/___/___ to ___/___/___

Purpose : _____

Contact Address: _____
(in full)

Destination : _____ *(place you will be visiting)*

Telephone # : _____ (r) _____ (o)

Mobile # : _____

Signature

Remarks from the Center Head :

<i>(for one day)</i>	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	<i>(for more than one day):</i>	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
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Remark *(if any)* : _____

Center Head

Remarks from the Approving Authority : *(only for leave more than one day)*

Approved Not Approved

Remark *(if any)* : _____

Joint Director

Copy to :

- Center Head
- Hostel Superintendent, to inform the puen leader & mess secretary

Note : No incumbent shall proceed on leave until and unless the leave applied for has been approved.



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