



LEAVE APPLICATION FORM FOR TRAINEES

(In Duplication)

To be filled by trainees :		Date :.....
Name :.....		
Course :.....		
Duration of Leave from: Hostel : From..... to		
Class : From.....to.....		
Purpose :.....		
Contact Address :.....		
Mobile :.....		Signature
Remarks from the Head of Department		
(for one day)	(for more than one day)	
<input type="checkbox"/> Approved	<input type="checkbox"/> Recommended	
<input type="checkbox"/> Not Approved	<input type="checkbox"/> Not Recommended	
Remarks (if any) :		
		Head of Department
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	
Remarks (if any) :		
		DIRECTOR
Copy to :		
<ol style="list-style-type: none"> 1. Programme Assistant for record 2. Hostel Superintendent 3. Approved leave does not absolve the incumbent of the responsibilities to meet the academic regulations. 		
Note : No incumbent shall proceed on leave until and unless the leave applied for has been approved.		



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