



HIMALAYAN

GROUP OF INSTITUTIONS

Department – Pharmacy B.Tech. BBA Polytechnic ITI MBA BTC

Leave Application Form for Faculty

Date:

Name of Applicant Designation Department

Leave Type- CL EL OD ML

Duration of Leave: from To No. of Days:

Reason for Leave

Address and Contact No during Leave

(Applicant's Signature)

Recommended/ Not Recommended

Sanctioned/ Not Sanctioned

(Signature of HEAD/Incharge)

(Signature of Director)

Leave due: CL
(To be filled by Admin Office)

EL

Remark (If Required)

Class and Lab Adjustment (Necessary to fill and submit while classes are going on) Administration Copy

S.No.	Date	Period	Branch	Sem	Adjusted By (Name in BLOCK letters)	Sign
1.
2.
3.

(Name & Sign of Applicant)

(Signature of Director)

Class and Lab Adjustment (Necessary to fill and submit while classes are going on) HEAD's/Incharge's Copy

S.No.	Date	Period	Branch	Sem	Adjusted By (Name in BLOCK letters)	Sign
1.
2.
3.

(Name & Sign of Applicant)

(Signature of Director)