

# SOBHASARIA GROUP OF INSTITUTIONS SIKAR

## APPLICATION FOR LEAVE

1. Name : \_\_\_\_\_
2. Designation : \_\_\_\_\_
3. Department /Section : \_\_\_\_\_
4. Type of leave applied for : \_\_\_\_\_ (Casual / Duty / Station / Academic)
5. Period from leave : From \_\_\_\_\_ To \_\_\_\_\_ ( Days)
6. Holidays (If to be combined) : \_\_\_\_\_
7. Purpose / Reason : \_\_\_\_\_
8. Address During the Leave : \_\_\_\_\_ Contact No \_\_\_\_\_
9. Whether Classes/Duties arranged: (Yes/No)

S.N.	Year & Sem.	Date	Time	Arranged by	
				Name	Signature
1.					
2.					
3.					

Head of Department /Section

(Signature of Applicant)

Registrar

Principal

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