



Date:

APPLICATION FOR LEAVE – AIDED STAFF

Name : _____

Designation : _____

Department : _____

Please grant me leave as follows : _____

Category : Casual / Earned Leave
UEL on MC/PA/On Duty

No. of day required : _____

From _____ To _____

Period : _____

On _____

Purpose : _____

No. of days already taken in this category _____

Signature

Forwarded / Sanctioned

HOD

PRINCIPAL

SECRETARY



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