

AJMAL GROUP OF INSTITUTIONS

LEAVE APPLICATION FORM

Date: / /

Name of Employee: _____ Designation: _____

Institution: _____

Kindly grant me Day/Days, CL / SL / LWP / ML/PL /

Others leave on / from To..... for the

following reason.....

My address during leave period is.....

..... Tel No:

..... Signature of the Employee: _____

Signature of the reliever: _____ Contact no. of reliever _____

Official Mail ID of the reliever (if any) _____

FOR OFFICIAL USE ONLY:

LEAVE	Opening balance	Leave availed	Closing balance
CL			
SL			
ML/PL			
OTHERS			
TOTAL			

PRINCIPAL /VP/ IC

CLUSTER HEAD

ACADEMIC DIRECTOR