



Institute/Office :

Cordia College SJDCE CIBM CHTMI
URPS LIS CIVT SHRI

Applicant Name : _____

Leave From Date : _____ To : _____ Total Days : _____

Reason For Leave : _____

Number of days leaves available in the current year so far : _____

Arrangement of Classes During Leave : _____

Contact Number During Leave : _____ Leave Balance : _____

Signature of Applicant : _____ Dated : _____

Remarks : Sanctioned Not Sanctioned

Supervisor/HOD/Principal/Registrar : _____ President : _____