DR. B. C. ACADEMY OF PROFESSIONAL COURSES DURGAPUR

Application for CASUAL LEAVE/EARN LEAVE/MEDICAL LEAVE

Name: _____

Department: _____

Leave taken till date: _____

No. of leave applied for: _____

Reason: _____

Whether suffixing/Prefixing, holiday/Sunday _____

Station leave permission required (Yes/No) _____

Address /Contact No. _____

_____

Signature of Applicant

Designation

Recommend / Not Recommended

(Signature of HOD/In-charge)

Leave sanctioned / Not Sanctioned

_____ _____

Signature Society Member/Principal

.....

DR. B. C. ACADEMY OF PROFESSIONAL COURSES DURGAPUR

Application for CASUAL LEAVE/EARN LEAVE/MEDICAL LEAVE

Name: _____

Department: _____

Leave taken till date: _____

No. of leave applied for: _____

Reason: _____

Whether suffixing/Prefixing, holiday/Sunday _____

Station leave permission required (Yes/No) _____

Address /Contact No. _____

_____

Signature of Applicant

Designation

Recommend / Not Recommended

(Signature of HOD/In-charge)

Leave sanctioned / Not Sanctioned

_____ _____

Signature Society Member/Principal