LEAVE FORM

PANDIT DEENDAYAL UPADHYAYA ADARSHA MAHAVIDYALAYA, AMJONGA

The Leave Sanctioning Authority .....

I Mr. / Mrs. /Ms /Dr. ..... working as .....

In ..... department / branch of PDUAM hereby submit my application for

..... day (s) CI / DL / ML/ AL/ SL with / without pay and with / without head quarter leave.

Duration of Leave is from ..... To .....

Purpose of Leave is .....

My address during leave will be .....

..... Phone No. .....

Mr / Mrs/ Ms/ Dr. ..... Designation ..... will be my reliever.

Please sanction my leave for the applied period.

Signature of Reliever

Date .....

Signature of Applicant

Date .....

The Leave sanctioning Authority .....

I recommend because .....

I do not recommend because .....

Date .....

Signature & seal of recommending authority

The Principal

..... Day (s) CL/DL/ML/SL with or without pay and with or without head quarter leave

from ..... to ..... may be sanctioned / not be sanctioned (.....)

Type of Leave .....

Previous balance .....

Prayed for .....

Balance .....

Date .....

Signature of Dealing Assistant

The Leave is hereby accepted and sanctioned / Not sanctioned .....

Principal

The Leave is hereby accepted and sanctioned / Not sanctioned .....

Chairman

Governing Body.

Note : In case of Earn, CCL, Maternity & Other Leave, applicant will have to write separate letter to the Authority.