

GOVT. NATIONAL COLLEGE, SIRSA
APPLICATION FOR LEAVE

1. Name of the Applicant.....

2. Designation.....

3. Nature of Leave applied for.....

4. Date(s) for which leave required.....

5. Date(s) for which station leave required.....

6. Reason(s) for leave.....

7. Address during the leave period (if going out of station).....

.....

Date..... Signature

Remarks by the office: - Casual leave due..... Casual leave already availed of..... Casual leave balance	Recommendations of the Head of the Department	Approved
Office Astt.	Signature (HOD)	Signature (TNO)

Orders of the Principal:

Principal

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