



# EMPLOYEE LEAVE/OD APPLICATION FORM

Reason: \_\_\_\_\_

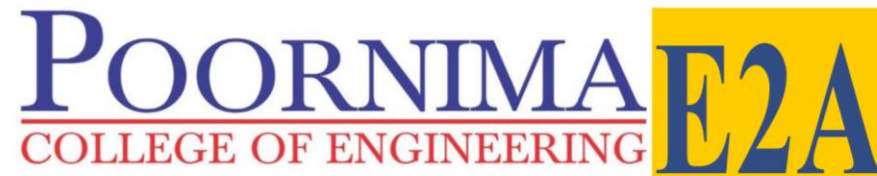
**Signature of  
Sanctioning Authority**

## Leave Arrangements

Name: \_\_\_\_\_ Date: \_\_\_\_\_

[illegible]

**Mention Additional Duty Charge if any:** \_\_\_\_\_



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# POORNIMA

## COLLEGE OF ENGINEERING

# E2B

Affiliated to RTU, Kota • Approved by AICTE & UGC under 2(f) • Accredited by NBA

### Permission for 5 days Study Leave

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Emp.ID: \_\_\_\_\_  
Department: \_\_\_\_\_ Last Qualification \_\_\_\_\_ Year of Passing \_\_\_\_\_  
Qualification for which permission is required: \_\_\_\_\_  
Date of Commencement: \_\_\_\_\_ Duration of Course: \_\_\_\_\_  
Mode of Education (full time / part time) \_\_\_\_\_  
Name of Institution \_\_\_\_\_ City: \_\_\_\_\_

Any other request for permission of study leave:

Signature of Applicant

Remarks, Name & Signature of HOD/ Dean as recommending authority

Remarks & Signature of Approval by Campus Director



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