



Date: _____

DAV INSTITUTE OF MANAGEMENT
NH-3, NIT FARIDABAD

Earned Leave Form

1. Name : _____
2. Department : _____
3. No. of days leave to be availed : _____
4. From : _____ To _____
5. Mention address and Phone no. in case of Station Leave: _____

(Signature of the applicant)

Recommended by (Dean/HOD)

Approved By (Principal Director/ Vice Principal)

Note:-

- Prior information must be given to Incharge Time Table Committee
- **Station Leave** must be mentioned if it is to be availed



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