

(Signature of the applicant)

Recommended by (Dean/HOD)



DAV INSTITUTE OF MANAGEMENT NH-3, NIT FARIDABAD

(Form for Casual / Compensatory Leave)

	NATURE OF LEAVE:	
1.	Name :	
2.	Department :	
3.	No. of days leave to be availed:	
4.	Date on which you have worked (in case of Compensatory) _	
5.	From : To	
6.	Mention address and Phone no. in case of Station Leave:	
		(Signature of the applicant)
		Recommended by (Dean/HOD)
A	Approved By (Principal Director/ Vice Principal)	
	Prior information must be given to Incharge Time Table Committee Station Leave must be mentioned if it is to be availed	
	dag	Date:
	DAV INSTITUTE OF MANAGEMENT PARIDABAD NH-3, NIT FARI	CITUTE OF MANAGEMENT DABAD
	(Form for Casual / Comp	ensatory Leave)
	NATURE OF LEAVE:	
1.	Name :	
	Name : Department :	
2.		
2.	Department :	
 1. 2. 3. 4. 5. 	Department :	

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