

Date: _____

DAV INSTITUTE OF MANAGEMENT
NH-3, NIT FARIDABAD

SHORT LEAVE

1. Dated: _____
2. Name : _____ Designation : _____
3. Department : _____
4. Short Leave time From : _____ to _____

(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

Date: _____

DAV INSTITUTE OF MANAGEMENT
NH-3, NIT FARIDABAD

SHORT LEAVE

1. Dated: _____
2. Name : _____ Designation : _____
3. Department : _____
4. Short Leave time From : _____ to _____

(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