

BHAI GURDAS INSTITUTE OF ENGG./MGT. & TECH. / BGPC / BGIN SANGRUR

LEAVE APPLICATION FORM

Name _____ Designation _____ Deptt. _____

Period of Leave _____ Date _____ Nature of Leave _____

Purpose of Leave _____

Holidays prefix/suffix _____

Contact No. & address (if going out of station) _____

1. Duties will be performed by (Name & Sign.) _____

2. Subject _____

3. Lecture Room _____

4. Topic _____

5. Teachers Remarks _____

6. Leave Due _____ (As on the end of previous month)

7. Leaves to be availed _____

8. Balance _____

Signature of the applicant with date

Recommendation by HOD : Recommended/Not Recommended

Signature of the HOD with date

Approval by the Director : Approved / Not approved

Signature of the Director with date

Remarks by the Accountant : With pay / Without pay

Signature of the Accountant / Supdt.