Chhatrapati Shahu Maharaj Shikshan Sanstha's

AYURVED MAHAVIDYALAYA

KANCHANWADI, AURANGABAD.

LEAVE APPLICATION FORM FOR TEACHING / NON-TEACHING STAFF

I_____hereby apply for the CL LEAVE for_____

day (s). The relevant particulars are as below.

1. Department :_____
2. Date (s) for which leave required :- From_____To _____
3. Reasons for Leave :- _____
4. Address during Leave :- _____

Work Load During Leave (For Teacher)					
No. of Class / Practical / OPD / Posting allotted				Adjustments During Leave	
Date	Class	Practical	OPD / Posting	Name of the Staff	Sign.
	Other Work Assigned Status				

Date & Period in which missed classes will be compensated :- _____

Specimen Copy

I/C Principal
C.S.M.S.S. Ayurved Mahavidyalaya,
Kanchanwadi, Aurangabad.

Sign. of Staff

Sign. of HOD

Date : / /

SANCTIONED / NOT SANCTIONED

Total Leave Status (For office use only)		
Type of Leave allowed	Balance	Leave Requested
CL -		
C. Off		

Office Suptt. I/C Academic Principal