

UNIVERSITY COLLEGE OF ENGINEERING, PANRUTI LEAVE / PERMISSION APPLICATION

			Date :
Name	<u>.</u>		
Designation	:		
Department	:		
Type of leave	: (CL/OD/RH/	COMPENSATIO	N LEAVE / PERMISSION)
	Leave availed	:, Le	ave at Credit:
No. of days of leave required	: From	To	Total No. of Days:
Permission: Date:	Time From	To	,No of Hours
Reason for leave/Permission	:		
Signature of the Applicant	Sanctioned /	Not sanctioned	DEAN
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	,	10	

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