

Date: \_\_\_\_\_



**DAV INSTITUTE OF MANAGEMENT**  
**NH-3, NIT FARIDABAD**

**Earned Leave Form**

1. Name : \_\_\_\_\_
2. Department : \_\_\_\_\_
3. No. of days leave to be availed : \_\_\_\_\_
4. From : \_\_\_\_\_ To \_\_\_\_\_
5. Mention address and Phone no. in case of Station Leave: \_\_\_\_\_

(Signature of the applicant)

**Dr. Sarita Kaushik**  
**(Officiating Principal)**

**(Dean/HOD)**

**Note:-**

- Prior information must be given to Incharge Time Table Committee
- **Station Leave** must be mentioned if it is to be availed

Date: \_\_\_\_\_



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