

Date: _____

DAV INSTITUTE OF MANAGEMENT
NH-3, NIT FARIDABAD

SHORTLEAVE (Personal)

Name of the employee : _____ Designation: _____

Department : _____

Short Leave Date: _____ Time from : _____ to _____

(Signature of the applicant)

Dr. Sarita Kaushik
(Officiating Principal)

(Dean/HOD)

Date: _____

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