



DAV INSTITUTE OF MANAGEMENT
NH-3, NIT FARIDABAD

Date: _____

Time Relaxation (Personal)

Ms. /Mr. /Dr. _____

Kindly allow me relaxation for _____ minutes (at _____ am/pm to _____ am/pm)
for (Purpose) _____

No of time relation taken:- One Two Three Four

Verified by HOD _____.

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

(Signature of the applicant)



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