

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

**(Signature of the applicant)**