Date:			



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

## **Earned Leave Form**

2.	Department :						
3.	No. of days leave to be availed :						
4.		To					
5.	Mention address and Phone	no. in case of Station Leave:					
			(Signature of the applicant				
		Reco	mmended by (Dean/HOD				
A lote:-	Approved By (Principal Di	rector/ Vice Principal)					
> P > S	Prior information must be given to <b>Station Leave</b> must be mentioned	Incharge Time Table Committee if it is to be availed					
			Data				
	<b>E</b> ~		Date:				
		DAV INSTITUTE OF MANAGEMENT	<u>r</u>				
	विद्यया अमृतम् अश्नुते  DAV INSTITUTE OF MANAGEMENT FARIDABAD	NH-3, NIT FARIDABAD					
		<b>Earned Leave Form</b>					
1.	Name:						
2.							
3.		ed :					
4.		То					
5.		no. in case of Station Leave:					

Recommended by (Dean/HOD)

## Approved By (Principal Director/ Vice Principal)

## Note:-

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