

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. Ritu Gandhi Arora
(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: _____



DAV INSTITUTE OF MANAGEMENT
NH-3, NIT FARIDABAD

Earned Leave Form

6. Name : _____
7. Department : _____
8. No. of days leave to be availed : _____
9. From : _____ To _____
10. Mention address and Phone no. in case of Station Leave: _____

(Signature of the applicant)

Dr. Ritu Gandhi Arora
(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