

Date:	
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## <u>DAV INSTITUTE OF MANAGEMENT</u> <u>NH-3, NIT FARIDABAD</u>

(Form for Casual / Compensatory Leave)

1.	NATURE OF LEAVE: Name:			
2.	Department :	nyailad :	atory)	
3. 1	Data on which you have	worked (in ease of Company	otomy)	
4. 5	Erom:	worked (in case of Compensa	itory)	
5. 6.	Mention address and Ph	one no. in case of Station Leav	ve:	
A	Approved By:-		(Signature of the applica	
(. te:-	(Principal Director/Vice	Principal/HOD)		
> P	Prior information must be given to Incharge Time Table Committee  Station Leave must be mentioned if it is to be availed			
	avim Color		Date:	
	विद्यया अमृतम् अश्चते विभग INSTITUTE OF MANAGEMENT FARIDARAD	DAV INSTITUTE OF M. NH-3, NIT FARII	ANAGEMENT	
	विद्यया अमृतम् अश्चुते विद्यया अमृतम् अश्चुते DAV INSTITUTE OF MANAGEMENT		ANAGEMENT DABAD	
	विद्या अमृतम् अञ्चते क्रिंगात्राम् ज्ञान्ते क्रिंगात्राम् ज्ञान्ते क्रिंगात्राम् ज्ञान्ते	NH-3, NIT FARI	ANAGEMENT DABAD	
	Name :	NH-3, NIT FARI	ANAGEMENT DABAD  asatory Leave)	
8.	Name : Department :	NH-3, NIT FARI	ANAGEMENT DABAD  nsatory Leave)	
8. 9.	Name :	NH-3, NIT FARI	ANAGEMENT DABAD  asatory Leave)	
8. 9. 10.	Name: Department: No. of days leave to be a decided. Date on which you have	NH-3, NIT FARI  (Form for Casual / Compensations)  availed:  worked (in case of Compensations)	ANAGEMENT DABAD  asatory Leave)  atory)	
8. 9. 10.	Name: Department: No. of days leave to be a decided. Date on which you have	NH-3, NIT FARI  (Form for Casual / Compensations)  availed:  worked (in case of Compensations)	ANAGEMENT DABAD  asatory Leave)	

Approved By:-

## (Principal Director/Vice Principal/HOD)

## Note:-

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