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DAV INST	ITUTE OF MANAGEMEN

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

(Form for Casual / Compensatory Leave)

	NATURE OF LEAVE:		
1.	Name :		
2.			
3.	No. of days leave to be availed :		
	Date on which you have worked (in case of Compensatory)		
	From : To		
	Mention address and Phone no. in case of Station Leave:		

(Signature of the applicant)

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



Date: \_\_\_\_\_

# DAV INSTITUTE OF MANAGEMENT NH-3, NIT FARIDABAD

То

(Form for Casual / Compensatory Leave)

1.	Name	:

2. Department : \_\_\_\_\_\_

3. No. of days leave to be availed :

4. Date on which you have worked (in case of Compensatory)

5. From :\_\_\_\_\_

6. Mention address and Phone no. in case of Station Leave:

(Signature of the applicant)

Recommended by (Dean/HOD)

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Note:-

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