

Date: _____

DAV INSTITUTE OF MANAGEMENT
NH-3, NIT FARIDABAD

(Form for Casual / Compensatory Leave)

NATURE OF LEAVE: _____

1. Name : _____ Department : _____
2. No. of days leave to be availed : _____
3. Date on which you have worked (in case of **Compensatory**) _____
4. Date: 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

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