

Date: _____

DAV INSTITUTE OF MANAGEMENT
NH-3, NIT FARIDABAD

(Form for Casual / Compensatory Leave)

NATURE OF 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 : _____ To _____
6. Mention address and Phone no. in case of Station Leave:

(Signature of the applicant)

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

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