

DAV INSTITUTE OF MANAGEMENT NH-3, NIT FARIDABAD

SHORTLEAVE (Personal)

1.	Dated:	-
2.	Name of the employee :	Designation:
3.	Department :	
4.	Short Leave Time from : _	to
5.	No. of times short leave ta	ken in the month:
Vice	Principal / HOD	Signature of the applicant
A	¬ DAV	INSTITUTE OF MANAGEMENT
य्या अमतम	<u> </u>	NH-3, NIT FARIDABAD
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