

VIDYA RATTAN GROUP OF COLLEGES

Lehra-Sunam Road, Khokhar (Lehragaga)

APPLICATION FOR LEAVE/ OD

Name:..... Designation :.....

Department: Contact No:.....

Date of Leave/OD: FromTo.....

Nature of Leave/ OD:.....

Reason of Leave/ OD:

ADJUSTMENTS:-

Date	Period	Subject	Class	Name of Teacher	Signature

Signature of Applicant with date

Recommended/ Not Recommended

Head of Department

Approved / Not Approved

Principal