



VAISH TECHNICAL INSTITUTE, ROHTAK

STAFF LEAVE APPLICATION PERFORMA

1. Name of Applicant : _____
2. Desig. & Deptt. : _____
3. Leave Applied for : _____ days (From.....To.....)
4. Kind of Leave (Casual/Medical/Earned/EOL): _____
5. Purpose of Leave : _____
6. Contact Address during Leave : _____
_____ Phone Number : _____

Date : _____

Signature of Applicant

Recommendation/Remarks of Concerned I/C :

.....
.....

Principal Remarks :

.....

Office Remarks :

.....

Dated : _____

DEALING CLERK

ORDER

.....
Principal	GEN. SECRETARY