DR. RML INSTITUTE OF PHARMACY Kunwarpur Badagaon,

Powayan, Shahjahanpur, Uttar Pradesh, India

Leave Application Form

Department				Date of Application			n	
Applicant's Name						Designation		
Leave from	То				Total days			
Reason for leave								
Nature of leave								
Resp 1.DateTime 2.DateTime 3.DateTime 4.DateTime		Responsibilities Handover to 1 2 3 4				Responsibilities taken by (Signatures) 1		
								gnature of Applicant
Signature of acade incharge after responsibility rech	after other work			Signatur	re of p	orincipal	Sigr	nature of Chairman

DR. RML INSTITUTE OF PHARMACY

Kunwarpur Bada Gaon, Powayan, Shahjahanpur, Uttar Pradesh, India

Leave Application Form

											
Department							Date of Application			n	
Applicant's Name						•		Designation			
Leave from		То					Total days				
Reason for lea	ave										
Nature of leav	/e										
Responsibilities 1.DateTimeSubject 2.DateTimeSubject 3.DateTimeSubject 4.DateTimeSubject					1. 2 3.	Responsibilities Handover to 1 2 3 4			•	Responsibilities taken by (Signatures) 1	
Contact number and Address during leaves Contact No Address								••••••	Si	gnature of Applicant	
Signature of academic Signature of HOD after other work responsibility recheck arrangement check				Signatu	re of _l	principal	Sigi	nature of Chairman			