

DR. RML INSTITUTE OF PHARMACY Kunwarpur Badagaon,

Powayan, Shahjahanpur, Uttar Pradesh, India

Leave Application Form

Department		Date of Application	
Applicant's Name		Designation	
Leave from	To	Total days	
Reason for leave			
Nature of leave			
Responsibilities 1.Date.....Time.....Subject..... 2.Date.....Time.....Subject..... 3.Date.....Time.....Subject..... 4.Date.....Time.....Subject.....		Responsibilities Handover to 1..... 2..... 3..... 4.....	
		Responsibilities taken by (Signatures) 1..... 2..... 3..... 4.....	
Contact number and Address during leaves		Contact No..... Address.....	
		Signature of Applicant	
Signature of academic incharge after responsibility recheck		Signature of HOD after other work arrangement check	
		Signature of principal	
		Signature of Chairman	

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