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NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref. No. _____

Date: _____

LEAVE APPLICATION FORM OF PROJECT STAFF

1. Name : _____
2. Date of Joining : _____
3. Name of Project Incharge : _____
4. Name of the Project : _____
5. Name of the Department : _____
6. No. of days leave required with date : From _____ To _____ /on _____ Total: _____
7. Prefixed/Suffixed : Prefixed: _____ Suffixed: _____ Total: _____
8. Reason for Leave : _____
9. Complete address during leave with mobile no. : _____

Date: _____

Signature of the Applicant

Approved Not Approved

Signature of HoD/Project Incharge

FOR DEPARTMENT USE ONLY

- a) Leave at Credit : _____ Day(s)
- b) Leave taken now : _____ Day(s)
- c) Balance of Leave (a-b) : _____ Day(s)

अभ्यासाध्यरयेतः विद्या

Dealing Assistant

Technical Assistant

HoD/Project Incharge

To,
Registrar Office