## jk"V1); iks/kfxdh l &Fkku] mRrjk[k.M national institute of technology, uttarakhand

Ref. N	Vo	NON-	NON-TEACHING		Date:		
	APPLICATION F	OR Casu	ial Leave	Restricted	Holiday		
1.	Name	:			Em	ıp. Code:	
2.	Designation	:					
3.	Section	:					
4.	No. of days leave required wit (for ½ day specify FN/AN)	h date : Fror	n	To	/on	Total:	
5.	Restricted Holiday	: Occ	asion		/on	Total:	
6.	Prefixed/Suffixed	: Pref	ixed:	Suffixed:		Total:	
7.	Reason for Leave		ور ال	40,			
8.	Complete address during leave mobile no.	e with :					
9. <b>S.No.</b>	Alternate arrangements for ass  Name of employee	signed dutie <mark>s an Assigned (</mark>		mic/Administrati Pending/routin		Signature Signature	
3.110.	Name of employee	Assigned		r ename/routh	e work	Signature	
	a P d	A Company					
	2 90x 1 /				<b>G</b>		
	0 2 7						
Date:	EZ A	FOR OFFI	CE LISE ONLY	1	Signatu	re of employee	
FOR OFFICE USE ONLY  Casual Leave Restricted Holiday							
a) Leave at Credit : Day(s) b) Leave taken now : Day(s) c) Balance of Leave (a-b) : Day(s)			a) Leave at Cr b) Leave taker c) Balance of	edit n now		Day(s) Day(s) Day(s)	
Dealin	g Assistant			Superii	ntendent/Tec	hnical Asstt.	
		Approve	ed Not App	proved			

Section Head/HoD/Coordinator/Registrar/Director