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

Ref. No			Date:
	LEAVE APPLIC	ATION FORM OF PROJE	CT 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	:: FromTo	/onTotal:
7.	Prefixed/Suffixed	: Prefixed:	Suffixed: Total:
8.	Reason for Leave	ा वास्था	GI
9.	Complete address during leave with mobile no.		
Date:_	FOR	DEPARTMENT USE ONLY	Signature of the Applicant  Approved Not Approved  Signature of HoD/Project Incharge
a) Leav	ve at Credit :	Day(s)	
b) Leave taken now :		Bay(s) Day(s)	
c) Balance of Leave (a-b) :		Day(s)	
	अभ्यास	ध्यरयेतः	विद्या
Dealin	g Assistant	Technical Assistant	HoD/Project Incharge
Το			

Registrar Office