



VIGNAN'S INSTITUTE OF MANAGEMENT & TECHNOLOGY FOR WOMEN

Kondapur(V), Ghatkesar (M), Ranga Reddy (Dist) 501301

LEAVE / PERMISSION APPLICATION FORM

Department:

Date:

1. Name of the Applicant: Designation :

2. Type of Leave:

CL SCL LOP OD F.N.P A.N.P

CCL² Dates Worked for availing CCL.....

1. Dates of Leave / Permission Time : From ----- To -----

2. Reason for Leave / Permission : -----

3. Contact No. and Address for Emergency: -----

Note: 1) Applications shall be submitted before proceeding on Leave / O.D/ A.N. Permission (F.N.P)

2) Enclose the form of approval for the dates worked in case of CCL.

Signature of the Applicant

*Signature of the H.O.D(s) / Principal

For Office Use

No. of Leaves of this category availed excluding this leave.....

Leave sanctioned as _____

In-charge

PRINCIPAL

Following are the alternate arrangements made for my Theory & Lab classes / Other works

S.No.	Type	Class	Hour	Name of the Substituting Staff	Signature of the Substituting Staff
1	Class Work / Lab				
2	Tests / Exams				
3	Other Works				
	a)				
	b)				
	c)				

* If this adjustment is for other branch subjects, the concerned H.O.D shall also sign.

Signature of the Staff member

Signature of the H.O.D