

**OFFICE OF THE DIRECTOR-CUM-PRINCIPAL
MAHATMA GANDHI GOVT. ENGG. COLLEGE KOTLA (JEORI) TEHSIL RAMPUR
DISTT. SHIMLA H.P.**

Application Performa for Casual/Earned/Restricted/Special/Medical Leave

1. Name of Applicant _____
2. Designation _____
3. Kind of Leave-Casual / R.H./
Earned Leave / Compensatory/special/
Medical Leave _____
4. Period date of leave _____
5. Prefix/suffix Gazetted holiday _____
6. Class/ Alternative Work arrangement
made during the period of leave _____
7. Permission to leave station yes/No
8. Address along with Tel./Mobile
Number during the leave period _____

9. Detail of class arrangement

Sr. No.	Class	Period	To be engaged by faculty	Signature

(Signature of Applicant)

Recommended/ Not Recommended

Head of Department/Office Incharge

Sanctioned/Not Sanctioned

Director/Principal

