



R.D. ENGINEERING COLLEGE, GHAZIABAD

LEAVE APPLICATION FORM

Name of Applicant: _____ Designation: _____

Department: _____

Nature of Leave: C.L. E.L./M.L. W. Break S. Break

Leave (Date): From _____ to _____ No. of Days: _____

Purpose of Leave: _____

Address and Contact Number during Leave: _____

_____ Contact No. _____

Total leave availed in the current month: (CL/ EL/ ML).

Alternative Arrangement: (for Faculty)

Date	Time	Subject	Sec.	Room No.	Faculty Name	Signature

Alternative Arrangement: (for Non Teaching)

Name: _____ Signature: _____


(Sign. H.O.D.) _____ (Sign. of Applicant)
Date: _____

For Office Use Only

C.L. / E.L. /M.L. Balance _____ Remarks _____
Leave taken _____ Checked By _____
Balance after Leave _____

Sanctioned / Not Sanctioned _____ Remarks _____

(Dr. Sanjeev Sharma)
Director


Registrar
R.D. Engineering College
Ghaziabad


Director
R.D. Engineering College
Duhai, Ghaziabad



R.D. Engineering College, Ghaziabad

Short Leave Application Form

Name.....Designation.....

Deptt.....Purpose.....

S.No	Date	Time		Forwarded	Remarks
		From	To		
1					
2					

Alternative arrangement (if applicable).....

Authorized Signatory

Applicant Name & Signature



R.D. Engineering College, Ghaziabad

Short Leave Application Form

Name..... Designation.....


Deptt.....Purpose.....


S.No	Date	Time		Forwarded	Remarks
		From	To		
1					
2					

Alternative arrangement (if applicable).....

Authorized Signatory

Applicant Name & Signature


 Registrar
 R.D. Engineering College
 Ghaziabad


 Director
 R.D. Engineering College
 Duhai, Ghaziabad