

DRONA COLLEGE OF EDUCATION
RAVI NAGAR, BASAI ROAD,GGN,Ph: 0124-6568762

LEAVE APPLICATION

Name of the Student : -----
Department : -----
Reason for availing leave : -----
From : -----**to**-----
No. of Days : -----

Date : -----

Signature

.....

(For Office Use Only)

Leave Sanctioned/Not Sanctioned -----

Remarks

Principal

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LEAVE APPLICATION

Name of the Lecturer : -----
Department : -----
Reason for availing leave : -----
From : -----**to**-----
No. of Days : -----

Date : -----

Signature

.....
(For Office Use Only)

Leave Sanctioned/Not Sanctioned -----

Remarks

Principal