

# **AJMAL GROUP OF INSTITUTION**

## **LEAVE APPLICATION FORM**

**Date:** ..... / .... / .....

**Name of Employee:** \_\_\_\_\_ **Designation:**\_\_\_\_\_

**Institution:** \_\_\_\_\_

Kindly grant me ..... Day/Days, CL / SL / LWP / ML/PL /

Others leave on / from ..... To .....for the

following reason.....

My address during leave period is.....

.....Tel No: .....

..... Signature of the Employee:\_\_\_\_\_

Signature of the reliever: \_\_\_\_\_ Contact no. of reliever\_\_\_\_\_

Official Mail ID of the reliever (if any) \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

LEAVE	Opening balance	Leave availed	Closing balance
CL			
SL			
ML/PL			
OTHERS			
TOTAL			

PRINCIPAL /VP/ IC

CLUSTER HEAD

ACADEMIC DIRECTOR  
**AJMAL Foundation**