

Performa for Casual Leave/Restricted Leave/Special leave/Compensatory Leave

1.	Name of Officer/Official :	
2.	Designation	:
3.	Date(s) & Duration of Leave	:
4.	Purpose	:
5.	Address during the leave :	
6.	Mobile No.	:

Dated:

Signature of applicant

Sig. & Comments of Recommending Incharge

For C/L	office	use:	Leave	applied	for	by	the	Officer/Official	for	days (i.e.
R/L_			, Spec	, cial Leave				& Comp. Leave		is hereby sanctioned
& entered in Casual Leave Register at Page No										

Director-cum-Principal RGGEC, Kangra

Class Adjustment (applicable for faculty only): Will be returned to concerned H.O.D./O.I.C. after signature by Director cum Principal

S. No.	Course name/code	Date	Timing	Name of the faculty	Sign of Faculty

Name & Sig. of applicant