

DIAMOND HARBOUR WOMEN'S UNIVERSITY

Sarisha, Diamond Harbour Road, South 24 Parganas, 743368

Leave Application

1. Name of the Applicant : _____

2. Post Held / Designation : _____

3. Nature of leave applied: CL / ML / ODA / EL / Others (please specify).....
.....

4. Period of leave: from.....to.....

5. Ground on which leave is applied for :

Date: _____
(Signature)

RECOMMENDED

Signature of HOD / Coordinator

DEAN (Science /Arts)

(For Office use only)

Order of sanction Authority

Date: _____ **Signature of sanctioning Authority with seal**

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