

DOMKAL GIRLS' COLLEGE



P.O. - Domkal, Dist. - Murshidabad, Pin - 742303

E-mail : domkalgirlscollege@gmail.com

Application for Casual / Earned / Special / Medical Leave / on duty

Name & designation of the staff _____

Duration of the leave on / from _____

Total number of days _____ Ground _____

Certificate is attached / for medical & on duty _____

Date:

Signature of the Applicant

FOR OFFICE USE ONLY

Casual Earned Medical Other

Leave due on the date of application -

Number of Special Leave enjoyed before. _____

(in case of special leave only)

Signature of Head Cleark / Cleark

_____ Leave with full pay / with half pay / without pay of

Shri _____ has been sanctioned for _____ days

(from _____ to _____) as per G.B. Resolution No. _____

dated _____ (incase of leave more than fifteen days).

Date :

Principal / Teacher-in-charge