



AJMAL GROUP OF INSTITUTIONS

LEAVE APPLICATION FORM

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

Name of Employee _____ Designation _____

Institution: Ajmal College of Arts, Commerce & Science/ Maryam Ajmal Women's College(Arts), Kharupetia.

Employee Code _____

Kindly grant me _____ Days Casual/Sick/Earn/ without pay leave from _____ to _____

For the following reason _____

My address during leave period is _____

Contact No _____

Signature of the Employee

(For official use only)

Leave	Opening Balance	Leave availed	Closing Balance	Dates in lieu of (CO)
CL				
SL				
EL				
Total				

Forwarded by:

Approved By:

Principal

College Administrator, AGC