

GURU RAM DASS INSTITUTE OF ENGINEERING & TECHNOLOGY
LEHRA BEGA (BATHINDA)

LEAVE FORM

Kindly grant me _____ day/days CL / CR / EL / MED leave commencing
from _____ to _____ due to the reason given below :

Name: _____

Designation _____

Deptt. _____

Signature _____

Address during leave _____

Phone No. _____

Lecture Adjustment, If any

Date	Lecture	Branch/Sem	Subject	Adjustment with (Name)	Signature

Recommended/Not Recommended

Signature H.O.D./Incharge

Sanctioned/Not Sanctioned

Director / Principal