APPLICATION FOR CASUAL LEAVE / R.H

NAME	:	
DESIGNATION	:	
DATE OF APPLICATION	:	
NO. OF DAYS OF C.L / R.H REQUIRED WITH DATE	:	
NO. OF DAYS OF C.L / R.H ALREADY AVAILED OF	:	
REASON	:	
SIGNATURE	:	
SIGNATURE OF THE H./D.	:	
SIGNATURE OF THE LEAVE SANCTIONING AUTHORITY	:	

RAJIV GANDHI ARTS AND SCIENCE COLLEGE THAVALAKUPPAM, PUDUCHERRY