



AMBEDKAR INSTITUTE OF TECHNOLOGY

ISO 9001:2008 CERTIFIED INSTITUTE

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Office Copy

Leave Application form

Name.....

Designation.....Department.....

Nature of Leave applied for.....From.....To.....No. of Days.....

Grounds (if Comp.Off).....Reason.....

Address during Leave (If station leave required).....

.....

Signature of Applicant with date.....

Forwarding Authority.HOD.....

Principal



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