

APPLICATION FOR LEAVE

(C.L., E.L., COMP.OFF, MEDICAL, VACATION, LWP)

Applicant Name Ms. Jyoti S. Lahane Designation: - Assistant Prof. Dept.: - Pharmaceut.

Category of Leave applied: - Maternity Period of leave required :- (From 2nd Dec 2015 to 1st March 2016 No. days: - 3 Month

Reason of Leave: - Maternity

Address during the leave period Opposite Mangal Krishna stores, Anand nagar, Kalva (E), Thane - 400601 Mobile No. 9960713684

Declaration: - I have made arrangement of my assigned duties with Prof./Mr./Mrs./Ms. _____ during my absence (Give details of work adjusted on back side).

Date of joining after leave: - _____

Sign. of alternate with date _____

Sign. of Applicant with date 11/12/15

Details of leaves availed: - (To be filled by applicant)

Year:- Jan. to Dec. 20__

Leave/Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Balance
C.L.	02	—	—	01	02	—	—	03	01	02	—	—	00
E.L.	—	—	—	—	—	—	—	—	—	—	—	—	—
Comp. Off	—	—	—	—	—	—	—	—	02	—	02	—	—
Medical	09	—	—	—	—	30	—	—	—	—	22	—	—
Vacation	—	—	—	—	—	—	—	—	—	—	—	—	—
L.W.P.	—	—	—	—	—	—	—	—	—	—	—	30	—
O.D. / Others	—	—	—	01	02	30	—	03	03	02	24	30	107
Total	02	—	—	02	02	30	—	03	03	02	24	30	107

Name & Sign. Of concerned clerk
With date _____

Name & Sign. Of in-charge.
with date _____

(For Office Use Only)

Leave Sanctioned / not sanctioned. Remark: - 3 months Maternity leave

Date: - 2/12/15

Principal

Notes: -

1. I hereby declare that I shall resume my duties immediately after the sanctioned leave.

2. I am aware that no extension of leave will be granted to me and if leaves are extended then it will be considered as

Unauthorized leave without pay.

(P.T.O.)

