GUWAHATI – 781	H COLLEGE 1 009, ASSAM	SI. No
L	EAVE APPLICATION	OFFICE RECORD
Name of the Employee (in Bloc	k Letters):	
Designation:	Department:	
Leave Category: CL/ DL/ Othe	rs (Please specify) Statio	n Leave: YES/ NO (Please tick)
From (mention date):	To (mention date):	No. of Days:
Purpose of Leave:		
Address and Phone No. during	Leave Period:	
	Signature & Seal of Head	
	ioned Signature & Seal of Sanctioni	
Leave Sanctioned/ Not Sanct		
	in charge of Leave Record Mainter	nance:
		nance:
NB: Copies of all relevant docur	in charge of Leave Record Mainter	nance:
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