

# M. L. S. M. COLLEGE, DARBHANGA

(A CONSTITUENT UNIT OF L. N. MITHILA UNIVERSITY, DARBHANGA)

Website: [www.mlsmcollege.ac.in](http://www.mlsmcollege.ac.in), E-mail: [mlsmcollege@gmail.com](mailto:mlsmcollege@gmail.com)



Letter no.....

Dated.....

## DUTY LEAVE APPLICATION FORM

1. Name of the Applicant: \_\_\_\_\_

2. Designation of the Applicant: \_\_\_\_\_

3. Department/Section: \_\_\_\_\_

4. Number of Days applied for leave: \_\_\_\_\_ 5. Date of Leave (From \_\_\_\_\_ To \_\_\_\_\_)

6. Type of Duty Leave Applied (Tick appropriate):

☐ University Assigned duty Leave ☐ College Assigned Duty Leave ☐ Official Meeting  
☐ Government Assigned Duty Leave ☐ Workshop ☐ Conference ☐ Seminar ☐ Examination  
Duty ☐ Inspection ☐ FIP ☐ Refresher Courses ☐ Other: \_\_\_\_\_

7. Duty Venue/Location (Dist. and State): \_\_\_\_\_

8. Organizing Authority: \_\_\_\_\_

9. Leave Address: \_\_\_\_\_

10. Contact Number during leave: \_\_\_\_\_

11. Academic/Work arrangement during absence

- a) My class will be engaged by the faculty (.....)
- b) I will take additional classes after returning from leave, if needed.
- c) I have already taken additional classes before this leave.

Full Signature of the Applicant: \_\_\_\_\_

Dated by: \_\_\_\_\_

=====FOR OFFICE USE=====

Signature of HOD: _____ Date: _____	Signature of Principal: _____ Date: _____ College Stamp with Date:
--	--