M. L. S. M. COLLEGE, DARBHANGA

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

Website: www.mlsmcollege.ac.in, E-mail: mlsmcollege@gmail.com

Letter no..... Dated.....

EARN 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. Reason for leave _____

7. Contact Number during leave:_____

8.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:**