

# 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.....

## SUMMER/WINTER VACATION 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): ☐ Summer Vacation Leave ☐ Winter Vacation Leave

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

7. Expected date of resuming duties: \_\_\_\_\_

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

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

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

Signature of HOD: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

Date: \_\_\_\_\_

College Stamp with Date: