ELECTRONICS & COMMUNICATION DEPARTMENT NATIONAL INSTITUTE OF TECHNOLOGY, KURUKSHETRA

Application for Casual/Compensatory/Duty/Restricted/Vacation/Academic/ Station Leave

Name and Designation				
Department				
No of Days	Day(s)	From	to	
(With From and To)	Prefix	Suffi	X	
Purpose of Leave				
Leave Address				
(When out of station)				
			e /Mobile No)	
Whether leave arrangement done (on back side)?			Yes/No (as per requirement)	
Whether notice is displayed on notice board?			s/No	
Dated:		Signature of		
	FOR OFFI	CAL USE		
Total Leave		Leave already a	wailed	
Now applied for		Balance Leave		
		Signature	of Dealing Official	
Signature of Recommendi	ng Authority			
Signature of Sanctioning A	Authority			

NOTICE

	From		То		
ne fol	lowing faculty member	r(s) shall engage of	classes as mention	oned below:	
Sr. No.	B.Tech. /M.Tech. Semester/section	Date	Period	Name of faculty	
) reco	over loss of classes, I sh	all engage classe	s as mentioned b	pelow:	
Sr.	B.Tech. /M.Tech.	all engage classe	s as mentioned b	pelow:	
		all engage classe			
Sr.	B.Tech. /M.Tech.	all engage classe			
Sr.	B.Tech. /M.Tech.	nall engage classe			
Sr.	B.Tech. /M.Tech.	all engage classe			
Sr.	B.Tech. /M.Tech.	all engage classe			

2. HOD, ECE