



# Shivnagar Vidya Prasarak Mandal's

Malegaon (bk), Tal- Baramati, Dist- Pune  
SVPM / ITE / COE / IOP / COP/ IOM / BBA / BCA / EMS / M. PHARM

Application for: CL / EL / ML / CO / DL / LWP

Name of Applicant: \_\_\_\_\_

Designation: \_\_\_\_\_

Leaves applied for: \_\_\_\_\_ Days from / /20 to / /20 (Morning/Afternoon)

Reason for leave: \_\_\_\_\_

Contact Address (During leave period) \_\_\_\_\_

\_\_\_\_\_ Mobile no. \_\_\_\_\_

Date: / /20

Signature of Applicant

\_\_\_\_\_ leave already availed \_\_\_\_\_ days applicant has extra worked on \_\_\_\_\_

\_\_\_\_\_ leaves due \_\_\_\_\_ days.

Signature of dealing clerk \_\_\_\_\_ Date: \_\_\_\_\_

Recommending authority \_\_\_\_\_ Date: \_\_\_\_\_

Sanctioning authority \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

## LOAD ARRANGEMENT

Day & Date	Period	Class	Subject	Name of Substitute	Sign. of Substitute
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Application for: CL / EL / ML / CO / DL / LWP

Name of Applicant: \_\_\_\_\_

Received leave application on / /20 Time: \_\_\_\_\_

Signature of receiver & Name: \_\_\_\_\_