NAJATH COLLEGE OF SCIENCE & TECHNOLOGY, KARUVARAKUNDU

Application for OD/ Leave Surrender

Name & Designation :			
Department :			
Date of OD	Reason		Date of OD/Leave surrender
Number of available Leaves to surrender			
Number of days already ava	iled		
Sign of Applicant with date :			
Remarks of & Sign of the Head :			
Principal's order :			
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