

## ST.JOHN'S COLLEGE ANCHAL

## Application for Casual Leave/Duty Leave

|          |   |        | · ·  |
|----------|---|--------|--|
| 1.       | Name of the Applicant   | 8      | Dr. Kaladeri V   |
| 2.       | Designation   |        | Dr. Kalafori V<br>Assf. Professor                            |
| 3.       | No. of days and date on which C.L./D.L. is required                 | Trans  | 2 days, 10/7/2023,   |
| 4.       | Reason for availing of the C.L./D.L.                                |        | 200.400.401  |
|          |   | 1 81   | personal Indomenia   |
|          |   |        |  |
|          |   |        |  |
| 5.       | No. of days of Casual Leave alread availed during the calendar year | y<br>: |  |
| 6.       | Signature of the applicant  | :      | B-l-m  |
| 7.<br>8. | Date of application<br>Details of work on the day                   |        | Substitute arrangement of the works by the Head of the Dept. |
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|          |   | 0      | Defetitus?   |
|          |   | Dr     | ODIGE  |
|          |   |        |  |
|          |   |        | 01/2/23  |
| 9.       | Recommendation of the Head of the Dept.                             |        | 02/07/   |
| 10.      | Order of the Principal  | :      | toler  |
|          |   |        |  |