

To
The Principal,
Kaliyaganj College,
P.O.-Kaliyaganj,
Dist.-Uttar Dinajpur,
PIN – 733129 (W.B.)

Date : _____

Sub : **Application for CASUAL Leave / EARNED Leave / LEAVE.**

- i) Name of the Applicant :
- ii) Designation :
- iii) Pd. of CL, EL & L applied for :
- iv) Period of absence : From To
Total Days
- v) Purpose for Leave :

(Sig. of the applicant)

To
The Principal,
Kaliyaganj College,
P.O.-Kaliyaganj,
Dist.-Uttar Dinajpur,
PIN – 733129 (W.B.)

Date : _____

Sub : **Application for CASUAL Leave / EARNED Leave / LEAVE.**

- i) Name of the Applicant :
- ii) Designation :
- iii) Pd. of CL, EL & L applied for :
- iv) Period of absence : From To
Total Days
- v) Purpose for Leave :

(Sig. of the applicant)