

BHAI GURDAS GROUP OF INSTITUTIONS
SANGRUR-148001 (Pb.)

LEAVE APPLICATION FORM

Name of Institute _____

Name _____ Designation _____ Deptt. _____

Period of Leave _____ Date _____ Nature of Leave _____

Purpose of Leave _____

Holidays prefix/suffix _____

Contact No. & address (if going out of station) _____

1. Duties will be performed by (Name & Sign.) _____

2. Subject _____

3. Lecture Room _____

4. Topic _____

Signature of the applicant with date

5. Teachers Remarks _____

Recommendation by HOD : Recommended/Not Recommended

Signature of the HOD with date

Approval by the Director/Principal : Approved / Not approved

Signature of the Principal/Director with date

FOR OFFICE USE ONLY

Leave _____ (As on the end of previous

Leaves to be availed _____

Balance _____

Remarks by te Accountant : With pay / Without pay

Signature of the Accountant / Supdt.

**BHAI GURDAS GROUP OF INSTITUTIONS
SANGRUR-148001 (Pb.)**

T.A. / D.A. BILL

Name of Institute _____

Name Designation

Purpose of Journey

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Date	From	To	Mode of Journey	Distance in Kms.	Amount (Rs.)

Local Conveyance Charges :
(if not travelled by own vehicle)

D.A./Actual Exp. :
(whichever is lower)

Any other Exp. :
(Enclosed Proof)

Total (Rs.)

Certified that particulars furnished above are correct and true to the best of my knowledge and belief.

Sign. of Claimant

Name _____

Designation _____

FOR OFFICE USE ONLY

Checked

Passed

Countersigned

Accountant/Superintendent

Director

Chairman