

DULIAJAN COLLEGE: DULIAJAN

To,

The Principal
Duliajan College
Duliajan - 786602
Dist : Dibrugarh, Assam

Sub: Casual/ Restricted Leave.

Sir,

Please grant me Days of Casual / Restricted leave from
.....to = Totaldays due to
.....

Recommendation from

HoD/H.A.....

Record Section

CL/RL Due as at.....days

CL/RL taken during the yeardays/Time

Signature:.....

Name:.....

Date:.....

LEAVE GRANTED /NOT GRANTED

Signature.....

Principal, Duliajan College, Duliajan

Yours faithfully

Signature:.....

Name:.....

Designation:.....

Department:.....

Date:.....

