

Maharashtra Education Society's
ABASAHEB GARWARE COLLEGE
KARVE ROAD, PUNE - 411 004.

Form No. 7 (C)

Application of Leave (रजेचा अर्ज)

1) Name _____

2) Designation : _____ Department : _____

3) * Nature of Leave & period of Leave required From _____

To _____

* Earned Leave / Commuted Leave / Half Pay Leave / Leave on loss of pay

4) Reason _____

5) Address during absence of Leave _____

Date :

Signature of the Employee

Remarks of the Section Concerned

Shri / Smt. _____ may / may not be granted leave
applied for by him / her.

Shri / Smt. _____ may please be appointed as
substitute to hold additional charge of Post of / to act at _____
during the period of Leave.

Date :

Head of the Department