



# GURUKUL GROUP OF COLLEGE

Near Sahara City Homes, Tighra Road, Odpura, Gwalior-474010,

Web: [www.gurukulgwalior.org](http://www.gurukulgwalior.org)

E-mail: [info@gurukulgwalior.org](mailto:info@gurukulgwalior.org),

Phone-0751-4035202, 9826561385

The  
**Principal**  
Gurukul Institute of.....

Sir,

I, Dr. /Mr./ Mrs. / Ms. \_\_\_\_\_ would like to take \_\_\_\_\_  
Day/s **CL / EL / CCL / D.L. / L.W.P / Maternity leave** from \_\_\_\_/ \_\_\_\_/ \_\_\_\_ to \_\_\_\_/ \_\_\_\_/ \_\_\_\_  
(both days inclusive) due to \_\_\_\_\_

I shall request you kindly to sanction my leave of absence during the days mentioned above.

Thanking you

Sincerely Yours

.....  
Signature of the applicant

Date: \_\_\_\_/ \_\_\_\_/ \_\_\_\_

Received: \_\_\_\_/ \_\_\_\_/ \_\_\_\_

### Assignment during absence

Date	Period/ Lab		Name & Sign of Substitute	Principals Signature
	From	To		

(If necessary, attach a separate sheet.)

### For Office Use

Types of leave	Leave balance as on date	Leave taken now (If approved)	Leave balance
Casual			
Earned			
Maternity			
CCL			
<b>Duty Leave / L.W.P. / Other</b>			

Recommended by the Principal:

\_\_\_\_\_

Leave Approved/ Not Approved

Principal

Date: \_\_\_\_\_