JANATA COLLEGE, KABUGANJ, CACHAR ASSAM-788121

PROFORMA OF LEAVE (EL/DL) FOR TEACHING/NON-TEACHING STAFF

1.	Name of Applicant	
2.	Post Held	
3.	Department or Office	
4.	Nature and period of Leave applied for and date from which required	Earned Leave for ……...days w.e.f. …….. to …….. (Prefixing …….…… Suffixing ……... Being holidays)
5.	Ground on which leave is applied for	…… ……
6.	a. Date of return from last leave b. Nature and period of that leave	…… ……

Certified that the information stated above are true to the best of my knowledge. I also declare that in the event of an emergency requiring my presence in the College, as per Rule 6 of the Leave Rule 1934, the authority reserves the right to revoke the leave granted to me.

_____

Date: Signature of applicant

Leave Address (with emergency contact number)

……..

Remarks and/or Recommendation of the Controlling Officer:

Date: Signature : _____

Designation : _____

…….

Remarks and/or Report of the Accountant/ Leave Audit officer:

Date: Signature : _____

Designation : _____

……..

Remarks and/or Recommendation of the Governing Body:

Date: Signature : _____

Designation : _____

Based on Assam Schedule-III (Sec. I) Form Number 71 of Leave Rule 1939 (Revised)