



Shri Vile Parle Kelavani Mandal's

Institute of Technology, Dhule.

Survey.No. 499, Plot No. 02, Behind Gurudwara, Mumbai - Agra Road, Dist.
Dhule, Maharashtra, 424001

Phone No.: (02562) 297801, 297601

Web : svkm-iot.ac.in

Mail : IOTDhule@svkm.ac.in

Duty and Casual Leave





Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: 31/8/2023

Name of the Employee:- Turbokumar Punjit Meshyay Post:- Account Clerk

Department: Account Muster Number: _____ Thumb ID: EM822003

Type of Leave: - CL / SL / DL / EL / Vacation / DL from 09/08/23 to 10/08/23 for 02 Day(s).

Cause of Leave:- _____ Contact No. while on Leave:- 9404751973

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	<u>09/08/23</u>				<u>Dipak Sanyal</u>	<u>Sanyal</u>
2	<u>10/08/23</u>				<u>Dipak Sanyal</u>	<u>Sanyal</u>
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

SIGN. OF APPLICANT

FOR OFFICE USE

No. of 02 CL / SL / DL / EL / Vacation / DL from 09/08/23 to 10/08/23 is available as per leave records. Balance CL / SL / DL / EL / Vacation / DL leave due to your credit after this application is 02 days.

DATE: 31/08/23

SIGN OF OFFICE CLERK

1. Above requested 02 DL leave/(s) has been sanctioned.
2. Out above requested _____ leave (s) _____ has been sanctioned.
3. Above requested _____ leave(s) has not been sanctioned.

(Reason for not sanctioning :- _____)

PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

HOD/INCHARGE OF DEPT.

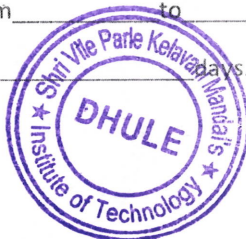
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TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from _____ to _____ balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is _____ days.

DATE:



SIGN OF OFFICE CLERK



Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: 31/08/2023

Name of the Employee:- Atul Patwari Post:- ALC

Department: Accountant Muster Number: 09108123 - 10108123 Thumb ID: 28220018

Type of Leave: - CL / SL / DL / EL / Vacation / DL from 17/08/23 - 19/08/23 to 20/08/23 - 25/08/23 for Day(s).

Cause of Leave:- Contact No. while on Leave:- 9075300073

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1						
2						
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6						

Attach separate sheet if required

Kindly consider my application.

SIGN. OF APPLICANT

FOR OFFICE USE

No. of 9 CL / SL / DL / EL / Vacation / DL from to is available as per leave records. Balance CL / SL / DL / EL / Vacation / DL leave due to your credit after this application is days.

DATE: - / /

SIGN OF OFFICE CLERK

- Above requested 09 DL leave/(s) has been sanctioned.
- Out above requested leave (s) -----has been sanctioned.
- Above requested leave(s) has not been sanctioned.

(Reason for not sanctioning :-)

PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

HOD/INCHARGE OF DEPT.

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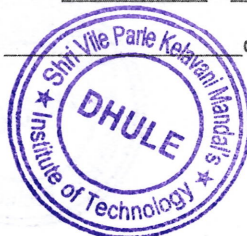
TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from to balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is days.

DATE:

SIGN OF OFFICE CLERK





Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: - 26/06/2018

Name of the Employee:- Sachin Nerkar Post:-

Department: Applied Science & Hum. Muster Number: Thumb ID: 28210039

Type of Leave: - CL / SL / DL / EL / Vacation / 1/2 CL from 25/06/20 to 25/06/2020 for Half Day(s).

Cause of Leave:- Personal Contact No. while on Leave:- 9405382576

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

Table with 7 columns: S N, Date, Lecture/Practical/Duty Adjustment (Time, Class/Dept., Subject/Type of work), and Lecture/Practical/Duty Adjusted by (Name, Sign). The table is mostly empty with a diagonal line drawn through it.

Attach separate sheet if required

Kindly consider my application.

1/2 CL

SIGN OF APPLICANT

FOR OFFICE USE

No. of 1/2 CL / SL / DL / EL / Vacation / 1/2 CL from 11/7/18 to 30/6/2020 is available as per leave records. Balance CL / SL / DL / EL / Vacation / CL leave due to your credit after this application is 07 days.

DATE: - 1/2018 27/06/2020

SIGN OF OFFICE CLERK

- 1. Above requested 1/2 CL leave(s) has been sanctioned.
2. Out above requested leave (s) has been sanctioned.
3. Above requested leave(s) has not been sanctioned.

(Reason for not sanctioning :-)

Principal signature

PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

HOD/INCHARGE OF DEPT.

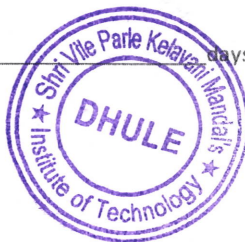
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TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from to balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is days.

DATE:



SIGN OF OFFICE CLERK



Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

SDP
01-04

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: - 03/03/2018

Name of the Employee:- Yogesh D. Sonawane Post:- Asst. Prof.

Department: Mechanical Engineering Muster Number: 21 Thumb ID: 282120033

Type of Leave: - CL / SL / DL / EL / Vacation / 01 from 04/3/2020 to 4/3/2020 for 1 Day(s).

Cause of Leave:- Personal Contact No. while on Leave:- 9975708447

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	4/3/2020	10.00-11.00	T.Y. Mech	I.C. Exsive	Mahesh Dalwan	<i>[Signature]</i>
2	4/3/2020	1.45-2.45	T.Y. Mech	I.C. Tutorial	D.S. Doifode	<i>[Signature]</i>
3						
4						
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6						

Attach separate sheet if required

Kindly consider my application.

[Signature]
SIGN. OF APPLICANT

FOR OFFICE USE

No. of _____ CL / SL / DL / EL / Vacation / _____ from _____ to _____ is available as per leave records. Balance CL / SL / DL / EL / Vacation / _____ leave due to your credit after this application is _____ days.

DATE: - / / 2018

SIGN OF OFFICE CLERK

1. Above requested 01 CL leave/(s) has been sanctioned.
2. Out above requested _____ leave (s) _____ has been sanctioned.
3. Above requested _____ leave(s) has not been sanctioned.

(Reason for not sanctioning :- _____)

[Signature]
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

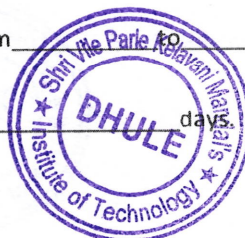
[Signature]
HOD/INCHARGE OF DEPT.
03/02/20

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TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from _____ balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is _____ days.





Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

CBT
01-02

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: - 12/03/2020

Name of the Employee:- Yogesh Diliprao Sonawale Post:- Asst. Prof.

Department: Mechanical Muster Number: _____ Thumb ID: 28210033

Type of Leave: - CL / SL / DL / EL / Vacation / CL from 13/3/2020 to 13/3/2020 for 1 Day(s).

Cause of Leave:- Ph.D. Work. Contact No. while on Leave:- 9975708642.

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	13/3/2020	3-5 pm	P ₃ Batch	I. C. Engg	Bhushan Belade	<i>BB</i>
2						
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

[Signature]

SIGN.OF APPLICANT

FOR OFFICE USE

No. of 01 CL / SL / DL / EL / Vacation / CL-1 from 17/2019 to 30/6/2020 is available as per leave records. Balance CL / SL / DL / EL / Vacation / _____ leave due to your credit after this application is 00 days.

DATE: - 12/03/2020

[Signature]
SIGN OF OFFICE CLERK

1. Above requested 01 cl leave/(s) has been sanctioned.
2. Out above requested _____ leave (s) _____ has been sanctioned.
3. Above requested _____ leave(s) has not been sanctioned.

(Reason for not sanctioning :- _____)

[Signature]
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

[Signature]
12/03/20
HOD/INCHARGE OF DEPT.

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TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from _____ to _____ balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is _____ days.





**Shri Vile Parle Kelavani Mandal's
INSTITUTE OF TECHNOLOGY, DHULE**

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: - 23/06/2020

Name of the Employee:- Atul A Khairnar Post:- Asst. Librarian

Department: Library Muster Number: _____ Thumb ID: _____

Type of Leave: - CL / SL / DL / EL / Vacation / C.L from 26/06/20 to 26/06/20 for 01 Day(s).

Cause of Leave:- Health was not good Contact No. while on Leave:- 9579224495

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dep:	Subject/Type of work	Name	Sign
1	26/06/20	11:30 to	Library	Library	Mr. Mahesh	<i>[Signature]</i>
2		6:30 PM		WORK	Gaikwad	
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

[Signature]
SIGN. OF APPLICANT

FOR OFFICE USE

No. of 6 CL / SL / DL / EL / Vacation / CL from 1/7/2020 to 31/12/2020 is available as per leave records. Balance CL / SL / DL / EL / Vacation / CL leave due to your credit after this application is 5 days.

DATE: - 11/25/06/2020

[Signature]
SIGN OF OFFICE CLERK

- Above requested 01 CL leave/(s) has been sanctioned.
- Out above requested - leave (s) has been sanctioned.
- Above requested - leave(s) has not been sanctioned.

(Reason for not sanctioning :- _____)

[Signature]
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

HOD/INCHARGE OF DEPT.

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TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from _____ to _____ balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is _____ days.

DATE:

SIGN OF OFFICE CLERK





"God Exists Where Women are Worshipped"
West Khandesh Bhagini Seva Mandal's

Arts and Commerce College For Women

Vidya Nagari, Near Datta Mandir Chowk, DEOPUR, DHULE - 5 MAHARASHTRA

(Affiliated to S.N.D.T. Women's University, Mumbai-20)

College u/s 2 (f) and 12 (B) of UGC Act 1956

Websited - www.wkbsmwomencollegedhule.org

Phone No. : 02562-272948

Email ID : prin_wkbs@rediffmail.com

Estd. 1983

■ NAAC Re-Accredited Grade B+

■ ISO Certified

Dr. R. K. Shinde Act. Principal

Dr. S. G. Gupta - Administrator

Outward No. : WKBSM / MM / 29 / 2020 - 2021

Date : 22/09/2020

प्रति,

मा. प्राचार्य,

एस.व्ही. के. एम. इन्सिट्युट ऑफ टेक्नॉलॉजी.

धुळे

विषय :- परिक्षा घेण्यासाठी पाठविणेबाबत..

महोदय,

उपरोक्त विषयानुसार आमच्या महाविद्यालयात यशवंतराव चव्हाण महाराष्ट्र मुक्त विद्यापीठ अंतर्गत ग्रंथालय व माहितीशास्त्र या विषयाच्या परीक्षा घेण्यासाठी आपल्या येथे कार्यरत असलेले ग्रंथपाल श्री. अतुल अभिमन खैरणार यांना दि. २६/०९/२०२० रोजी आमच्या महाविद्यालयात पाठवावे हि विनंती.

कळावे

आपला विश्वासु

केंद्र प्रमुख

यशवंतराव चव्हाण महाराष्ट्र मुक्त विद्यापीठ, नाशिक
ग्रंथालय आणि माहितीशास्त्र पदवी शिक्षणक्रम
प.खा.म.संचालित महिला महाविद्यालय
देवपूर, धुळे

SVKM's INSTITUTE OF TECHNOLOGY, DHULE	
Inward No.-	93
Date.-	24/09/2020
Sign.	

(D. L. MALE)





Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: 02/02/2021

Name of the Employee:- Rahul manohar Thakur . Post:- Lab Asst.

Department: Electrical Muster Number: 17 Thumb ID: 28220027

Type of Leave: - CL / SL / DL / EL / Vacation / DL from 01/01/2021 to 31/01/21 for 31 Day(s).

Cause of Leave:- official Contact No. while on Leave:- 9890582090
(Dhule stall)

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1						
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6						

Attach separate sheet if required

Kindly consider my application.

out of 100 duty = 31

[Signature]
SIGN OF APPLICANT

FOR OFFICE USE

31 days

No. of 00 CL / SL / DL / EL / Vacation / 00 from 1/1/2021 to 31/1/2021 is available as per leave records. Balance CL / SL / DL / EL / Vacation / 00 leave due to your credit after this application is _____ days.

DATE: - 1/1/2021

[Signature]
SIGN OF OFFICE CLERK

1. Above requested 31 DL leave(s) has been sanctioned.
2. Out above requested _____ leave (s) _____ has been sanctioned.
3. Above requested _____ leave(s) has not been sanctioned.

(Reason for not sanctioning :- _____)

[Signature]
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

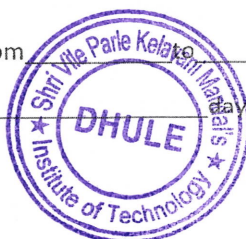
HOD/INCHARGE OF DEPT.

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TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from _____ balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is _____



DATE:

SIGN OF OFFICE CLERK



Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: 21/12/2020

Name of the Employee: DEPAK MALE Post: ADMIN CLERK

Department: OFFICE Muster Number: 16 Thumb ID: 28220026

Type of Leave: - CL / SL / DL / EL / Vacation / DL from 10/12/20 to 21/12/20 for 12 Day(s).

Cause of Leave: outdoor duty Contact No. while on Leave: Amolner

amolner sanchaler
ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1						
2						
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4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

outdoor duty 12 days

SIGN. OF APPLICANT

FOR OFFICE USE

No. of 12 CL / SL / DL / EL / Vacation / 00 from 11/12/20 to 31/12/20 is available as per leave records. Balance CL / SL / DL / EL / Vacation / 00 leave due to your credit after this application is _____ days.

DATE: 1/31/12/2020 SIGN OF OFFICE CLERK

1. Above requested 12dp leave/(s) has been sanctioned.
2. Out above requested _____ leave (s) _____ has been sanctioned.
3. Above requested _____ leave(s) has not been sanctioned.

(Reason for not sanctioning :- _____)

PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

HOD/INCHARGE OF DEPT.

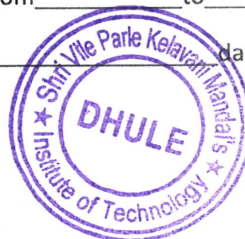
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TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from _____ to _____ balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is _____ days.

DATE:



SIGN OF OFFICE CLERK



Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

SAA
07-CL

Date: - 07/03/2020
 Name of the Employee:- Sushil Ramrao Delhmueh Post:- clerk
 Department: office Muster Number: 15 Thumb ID: 28220024
 Type of Leave: - CL / SL / DL / EL / Vacation / CL from 02/03/2020 to 02/03/2020 for 1 Day(s).
 Cause of Leave:- Personal Contact No. while on Leave:- 9890903004

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1					<u>S. Vinod patil</u>	<u>[Signature]</u>
2						
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

[Signature]
SIGN. OF APPLICANT

FOR OFFICE USE

1 CL
 No. of 8 CL / SL / DL / EL / Vacation / CL from 1/01/2020 to 31/02/2020 is available as per leave records. Balance CL / SL / DL / EL / Vacation / CL 1 leave due to your credit after this application is 7 days.

DATE: 07/03/2020 [Signature]
SIGN OF OFFICE CLERK

- Above requested 01 CL leave/(s) has been sanctioned.
- Out above requested -----leave (s) -----has been sanctioned.
- Above requested -----leave(s) has not been sanctioned.

(Reason for not sanctioning :- _____)

[Signature]
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

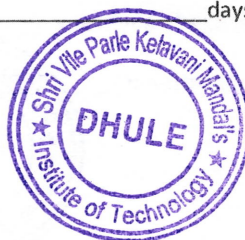
HOD/INCHARGE OF DEPT.

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TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from _____ to _____ balance CL / SL / DL / EL / Vacation
 Leave due to your Credit after this application is _____ days.

DATE:



SIGN OF OFFICE CLERK



Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: - 23/11/2020

Name of the Employee:- Nishal R. Bari Post:- 28220020

Department: IT Muster Number: _____ Thumb ID: _____

Type of Leave: - CL / SL / DL / EL / Vacation / EL from 07/12/2020 to 21/12/2020 for 15 Day(s).

Cause of Leave:- Medical Contact No. while on Leave:- 9765362943

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1					AKSHAY JAIN	
2					Samadhan Rajput	
3	07/12/2020		IOT	IT	Nilesh Pawar	
4	21/12/2020		IOP		Pradip Surwade	
5					Dinesh Pati	
6					Virendra Pisolkar	

Attach separate sheet if required

Kindly consider my application.

EL-15

N.R. Bari

SIGN OF APPLICANT

FOR OFFICE USE

No. of 42 CL / SL / DL / EL / Vacation / EL-15 from 11/11/2020 to 21/11/2020 is available as per leave records. Balance CL / SL / DL / EL / Vacation / EL leave due to your credit after this application is 27 days.

DATE: - 1 / 28 / 11 / 2020

SIGN OF OFFICE CLERK

- Above requested 15 EL leave/(s) has been sanctioned.
- Out above requested _____ leave (s) _____ has been sanctioned.
- Above requested _____ leave(s) has not been sanctioned.

(Reason for not sanctioning :- _____)

PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

HOD/INCHARGE OF DEPT.

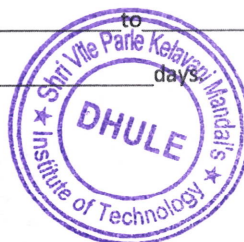
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TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from _____ to _____ balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is _____ days.

DATE:



SIGN OF OFFICE CLERK



Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: - 11 / 07 / 2020

Name of the Employee:- Narendra Vishwas Patil Post:- Instructor

Department: mech workshop Muster Number: _____ Thumb ID: 28220002

Type of Leave: - CL / SL / DL / EL / Vacation / _____ from 10.7.2020 to 10.7.2020 for one Day(s).

Cause of Leave:- personal Contact No. while on Leave:- 8275518273

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	10/7/2020					
2						
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

o/c

SIGN OF APPLICANT

FOR OFFICE USE

No. of o/c CL / SL / DL / EL / Vacation / CC from 11/7/2020 to 31/7/2020 is available as per leave records. Balance CL / SL / DL / EL / Vacation / _____ leave due to your credit after this application is 03 days.

DATE: - 11/07/2020
SIGN OF OFFICE CLERK

1. Above requested o/c leave/(s) has been sanctioned.
2. Out above requested _____ leave (s) _____ has been sanctioned.
3. Above requested _____ leave(s) has not been sanctioned.

(Reason for not sanctioning :- _____)

PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

HOD/INCHARGE OF DEPT.

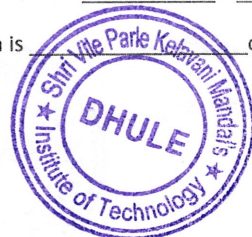
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TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from _____ to _____ balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is _____ days.

DATE:



SIGN OF OFFICE CLERK



Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

JAP
17/11/2020
CL

Date: - 13/01/2020

Name of the Employee:- M.P. Lohar

Post: W/S Instructor

Department: WORK SHOP

Muster Number: 05

Roll No: 28220004

Type of Leave: - CL / SL / DL / EL / Vacation / CL from 13/01/2020 to 13/01/2020 for 1/2 Day(s). 130-5

Cause of Leave:-

Contact No. while on Leave: 988126331

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

SN	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1			<u>noted</u>			
2						
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

1/2 CL

[Signature]
SIGN. OF APPLICANT

FOR OFFICE USE

No. of 8 CL / SL / DL / EL / Vacation / 1/2 CL from 11/12/20 to 21/12/20 is available as per leave records. Balance CL / SL / DL / EL / Vacation / _____ leave due to your credit after this application is 4 1/2 days.

DATE: - 11/10/01/2020

[Signature]
SIGN OF OFFICE CLERK

- Above requested 1/2 CL leave/(s) has been sanctioned.
- Out above requested _____ leave (s) _____ has been sanctioned.
- Above requested _____ leave(s) has not been sanctioned.

(Reason for not sanctioning :- _____)

[Signature]
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

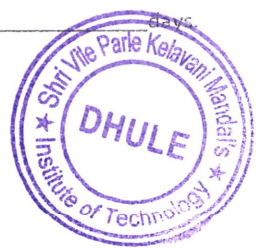
[Signature]
10/01/20
HOD/INCHARGE OF DEPT.

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TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from _____ to _____ balance CL / SL / D. / EL / Vacation
Leave due to your Credit after this application is _____ days.

DATE:



SIGN OF OFFICE CLERK



**Shri Vile Parle Kelavani Mandal's
INSTITUTE OF TECHNOLOGY, DHULE**

LEAVE APPLICATION

SAD ✓
20/02/2020
01-CL

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Name of the Employee:- Mahendra P. Lohar Date: -14/02/2020
 Department: Mechanical workshop Muster Number: 06 Post:- W/S Instructor
 Type of Leave: - CL / SL / DL / EL / Vacation / CL from 22/02/2020 to 22/02/2020 for 01 Day(s).
 Cause of Leave:- _____ Contact No. while on Leave:- 9881263311

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	22/2/2020	12:45 -			Narendra Patil	
2		2:45 -				
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

01-CL

SIGN OF APPLICANT

FOR OFFICE USE

No. of 3 1/2 CL / SL / DL / EL / Vacation / CL from 11/1/2020 to 31/1/2020 is available as per leave records. Balance CL / SL / DL / EL / Vacation / CL leave due to your credit after this application is 6 1/2 days.

DATE: 11/14/02/2020 SIGN OF OFFICE CLERK

- Above requested 01 CL leave/(s) has been sanctioned.
- Out above requested _____ leave (s) _____ has been sanctioned.
- Above requested _____ leave(s) has not been sanctioned.

(Reason for not sanctioning :- _____)

PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

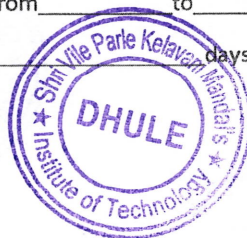
HOD/INCHARGE OF DEPT.

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TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from _____ to _____ balance CL / SL / DL / EL / Vacation
 Leave due to your Credit after this application is _____ days.

DATE:



SIGN OF OFFICE CLERK



**Shri Vile Parle Kelavani Mandal's
INSTITUTE OF TECHNOLOGY, DHULE**

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Name of the Employee:- Mr. Pradeep D. Surywade Date: 5/07/2021
 Post:- Tech. Assist.
 Department: Information Tech. Muster Number: 26 Thumb ID: 28220035
 Type of Leave: - CL / SL / DL / EL / Vacation / CL from 12/6/21 to 12/6/21 for 01 Day(s).
 Cause of Leave:- child school work Contact No. while on Leave:- 9764024959

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	12/6/21	10:00 to 5:00 PM	Daily	work	Mr Nitesh Pawar	
2						
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

01-CL

SIGN. OF APPLICANT

FOR OFFICE USE

No. of 08 CL / SL / DL / EL / Vacation / CL from 10/5/2021 to 09/08/2021 is available as per leave records. Balance CL / SL / DL / EL / Vacation / CL leave due to your credit after this application is 07 days.

DATE: - 11/05/2021

SIGN OF OFFICE CLERK

- Above requested 01CL leave/(s) has been sanctioned.
- Out above requested 2 leave (s) has been sanctioned.
- Above requested 2 leave(s) has not been sanctioned.

(Reason for not sanctioning :- _____)

PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

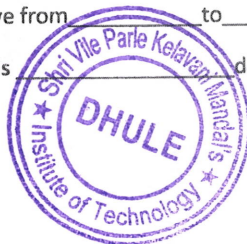
HOD/INCHARGE OF DEPT.

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TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from _____ to _____ balance CL / SL / DL / EL / Vacation Leave due to your Credit after this application is _____ days.

DATE:



SIGN OF OFFICE CLERK



Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Name of the Employee:- Mr. Pradeep D. Surwade Date: - 5/7/2021
 Department: Information Tech. Post:- Teach. Assj.
 Muster Number: 26 Thumb ID: 28220035
 Type of Leave: - CL / SL / DL / EL / Vacation / CL from 2/7/2021 to 2/7/2021 for 01 Day(s).
 Cause of Leave:- Personal work Contact No. while on Leave:- 9764024959

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

SN	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	2/7/21	10:00 AM	Daily	work	Mr. Nilesh Pawar	<i>(Signature)</i>
2		to 5:00 PM				
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

(Signature)
SIGN OF APPLICANT

FOR OFFICE USE

No. of 07 CL / SL / DL / EL / Vacation / CL from 10/5/2021 to 09/05/2021 is available as per leave records. Balance CL / SL / DL / EL / Vacation / CL leave due to your credit after this application is 06 days.

DATE: - 11/07/2021 SIGN OF OFFICE CLERK

- Above requested 01 CL leave/(s) has been sanctioned.
- Out above requested 06 leave (s) has been sanctioned.
- Above requested 06 leave(s) has not been sanctioned.

(Reason for not sanctioning :- _____)

(Signature)
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

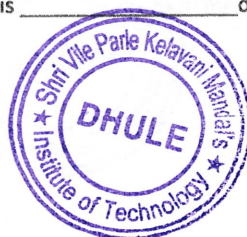
100
5/7/21
HOD/INCHARGE OF DEPT.

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TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from _____ to _____ balance CL / SL / DL / EL / Vacation
 Leave due to your Credit after this application is _____ days.

DATE:



SIGN OF OFFICE CLERK



Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: - 30/08/2021

Name of the Employee:- Tuladurkumar Pandit Mahajan Post:- ATC CLERK

Department: Account Muster Number: _____ Thumb ID: 152820032

Type of Leave: - CL / SL / DL / EL / Vacation / DL from 21/8/21 to 31/8/21 for 02 Day(s).

Cause of Leave:- _____ Contact No. while on Leave:- 9404751973

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	21/8/21			Dipcus Sangar		Sangar
2	31/8/21			Dipcus Sangar		Sangar
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

1 Day work at sangar city. SIGN OF APPLICANT

FOR OFFICE USE

No. of 02 CL / SL / DL / EL / Vacation / DL from 21/8/21 to 31/8/21 is available as per leave records. Balance CL / SL / DL / EL / Vacation / DL leave due to your credit after this application is 02 days.

DATE: - 30/08/21

SIGN OF OFFICE CLERK

- Above requested 02 DL leave/(s) has been sanctioned.
- Out above requested — leave (s) -----has been sanctioned.
- Above requested — leave(s) has not been sanctioned.

(Reason for not sanctioning :- _____)

Baluk
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

Patwar
HOD/INCHARGE OF DEPT.

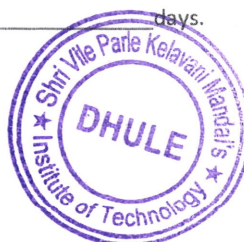
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TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from _____ to _____ balance CL / SL / DL / EL / Vacation
Leave due to your Credit after this application is _____ days.

DATE:

SIGN OF OFFICE CLERK





Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: - 11/06/2021

Name of the Employee:- Narendra Vishwas Atil Post:- Instructor

Department: Mech. Workshop Muster Number: _____ Thumb ID: 28220007

Type of Leave: - CL / SL / DL / EL / Vacation / DL from 12.06.21 to 12.6.21 for one Day(s).

Cause of Leave:- collection of student data Contact No. while on Leave:- 8275518273
(Chopada)

ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1						
2						
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

01 - DL

SIGN OF APPLICANT

FOR OFFICE USE

No. of _____ CL / SL / DL / EL / Vacation / DL from 11/06/2021 to 21/06/2021 is available as per leave records. Balance CL / SL / DL / EL / Vacation / DL leave due to your credit after this application is _____ days.

DATE: - 11/06/2021
SIGN OF OFFICE CLERK

1. Above requested 01 DL leave(s) has been sanctioned.
2. Out above requested 5 leave (s) has been sanctioned.
3. Above requested _____ leave(s) has not been sanctioned.

(Reason for not sanctioning :- _____)

PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

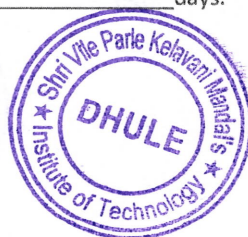
HOD/INCHARGE OF DEPT.

----- Cut here -----

TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from _____ to _____ balance CL / SL / DL / EL / Vacation Leave due to your Credit after this application is _____ days.

DATE:



SIGN OF OFFICE CLERK