

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





LEAVE APPLICATION

(Lea	ve 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.	

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	of the Employee:-	Tuebo	irkumor	Pandit rac	heijey !	Post:- Acco	un clara
Departi				Muster Number:			
Type of	Leave: - CL / SL /	DL/EL/Vac	ation /	L from 09 08 12 9	to 10/09	7/23 for (52 Day(s).
Cause o	of Leave:			Contact No. while o	n Leave:- 9	404751	973
				aching and non-teac			
S N	Date		ure/Practical/Du			ractical/Duty	Adjusted by
514	Date	Time	7	Subject/Type of work	+	ame	Sign
1	09/08/23				0"11/	Carren	Sympon"
2					Dipare	Sanyas'	Sanger
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records				from <u>09188173</u>			
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Nama of	the Employee	041	1000 to 9		Date: -3' /0 Post:- 12	
Departm Type of L	ent: FIC	DL/EL/Vac	cation / DL	from 27/08/23 -	Thumb ID: 18/08/23 for	Day(s).
	,	,,,	Anatomic construction operation of the state	20/08/23	25/08/23	
Cause of	Leave:			Contact No. while on	Q07730	0073
ALTERN	IETIVE ARR	ANGMENT N	MADE (For tea	aching and non-teach	ing)	
SN	Date	Lect	ure/Practical/D	uty Adjustment	Lecture/Practical/Duty	Adjusted by
		Time	Class/Dept.	Subject/Type of work	Name	Sign
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-	nsider my app	lication.			~~~	eet if required
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DATE:



27/6/2000

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

(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 I	
Leave application form should be submitted to office in prior with signaturers of authorities before aging on leave, otherwise leave will be treated as i	. W. P1

approach					Date: - 24 / 0 6	/ 2019
Name o	f the Employee	- Sachir	Nerk	98	Post:	
Departr	nent: App	hed sur	ence f	Hun- Muster Number:	Thumb ID: 2	821003
Type of	Leave: - CL / SL	/ DL / EL / Vaca	tion / 1 CL	from 25/06/2	0 to 25/06/2020 for Ho	If Day(s).
Cause o	f Leave:-	tsonal		Contact No. while or	Leave: 94053 8 2	56
		\		aching and non-teach		
SN	Date	Lectu	re/Practical/D	uty Adjustment	Lecture/Practical/Duty A	djusted by
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TO BE RE	TURNED TO TH					
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Leave due	e to your Credit	after this applic		Parle Kelevanays.		
DATE:			X IIIsm	DHULE	SIGN OF OFF	ICE CLERK



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аррисат	ion form should be	submitted to office	in prior with signa	ture(s) of authorities before g	oing on leave, otherwise leave wil	ll be treated as L.
					Date: - 03 / 02	3 / 2018
Name o	of the Employee	- Yoges	sh D.	Sonowone	Post:- Asst.	Prof
Depart	ment: Mec	hamical	Engineen	Muster Number: _	Date: - 03 / 02 Post:- 111+ Thumb ID:	28400
Type of	f Leave: -IET/SL	./DL/EL/Vaca	tion/ O	from 04/3/2020	to 43 2020 for 1	Day(s).
					Leave:- 9975708	
				aching and non-teach		
SN	Date	Lectu	re/Practical/Du	ıty Adjustment	Lecture/Practical/Duty A	Adjusted by
		Time	Class/Dept.	Subject/Type of work	Name	Sign
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No. of_ records	CL / S s. Balance CL /	L / DL / EL / Vac: SL / DL / EL /	ation / Vacation /	from leave due	_to is available to your credit after this a	
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ve applicat	tion form should be	submitted to office	in prior with signo	ature(s) of authorities before g	oing on leave, otherwise leave wil	be treated as L.W.
					Date: - 12 / 03	3 / 20218
Name	of the Employee	:- Yoge	sh Dil	Liprao Sonai	ugal Post:- Ast.	- Prof-
Depart	ment: Me	chan'cal		Muster Number: _	NON Post:- AST. Thumb ID:	28210033
Туре о	f Leave: - CL/SL	/ DL / EL / Vaca	tion/CL	from 13/3/200	to 13/3/2020 for	Day(s).
Cause	of Leave:- Pl	1-D. Wo	rk-	Contact No. while on	Leave:- 9975708	44)
				aching and non-teach		
SN	Date			ity Adjustment	Lecture/Practical/Duty Ad	directed by
		Time	·	Subject/Type of work	Name	Sign
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DATE: -/	2/03/2000				SIGN OF OFFI	CE CLERK
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	of the Employee:	- Atul	A Kho	บ้ากลา	Post:- A35	t. Laprar
					Thumb ID	
					20to 26/06/20for_	
					n Leave: 957925	
LTER	NETIVE ARRA	ANGMENT M	ADE (For tea	ching and non-teac	hing)	
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DATE:	- 1 1 901	100/1011)		to JP 14 20 2 is available to your credit after this	ble as per leave s application is
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"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

(Affilicated 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-Accredeted Grade B+

ISO Certified

Dr. R. K. Shinde Act. Principal

Dr. S. G. Gupta - Administrator

Outward No.: WKBSM / MM //29 / 20 10 - 2011

Date: 22/89 /2020

प्रतिं.

मा. प्राचार्य,

एस.व्ही. के. एम. इन्सीटयुट ऑफ टेक्नॉलॉजी.

धुळे

विषय:- परिक्षा घेण्यासाठी पाठविणेबाबत..

महोदय,

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

कळावे

SVKM'S INSTITUTE OF TECHNOLOGY, DHULE

Inward No.- 93

Date. 24/09/202

आपला विश्वासु

. केंद्र प्रमुख

बशवंतराव चय्हाण महाराष्ट्र मुक्त विद्यापीठ,नाशिक गृंथालय आणि माहितीशास्त्र पदवी शिक्षणक्रम प.खा.म.संचितित नहिला महाविद्यालय देवपुर,धूळे







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application	form should be	submitted to offic	e in prior with sign	ature(s) of authorities before g		
				4	,	02/2021
Name of	the Employee	:- Rahu	l manot	ar Thakur	· Post:- Lee	b Asst
				Muster Number: _		
				from <u>01/01/202</u>		
Cause of ALTERN	Leave:- OF	fficial e Stad ANGMENT N	// // // // // // // // // // // // //	Contact No. while or aching and non-teach	Leave:- <u>9590 (</u> ling)	2090
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214	Date	Time		Subject/Type of work	Name	Sign
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DATE: -	1 / 0 - / 0	7007			SIGN OF OFFI	CE CLEKK
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TO BE RET	URNED TO TI	HE APPLICANT	:			
Day Casua	I/Sick Leave/E	Earned Leave/I	Duty Leave fron		balance CL / SL / DL /	EL / Vacation
Leave due	to your Credi	t after this app	olication is	* DHULE		

DATE:



**Sign Of Date **Lecture/Practical/Duty Adjustment Lecture/Practical/Duty Adjusted by Sign **Sign Of Date **Sign	Date: -0 1 / 2 / 2 Post: -AD MILEY Contact No. while on Leave:	200
Name of the Employee: DEPAK MALE Department: DEPAK MALE Nuster Number: 16 Thumb ID: 26 22 22 Type of Leave: - CL/SL/DL/EL/Vacation/DL from 10 11 14 to 21 14 to 22 14 to 24 14 to 25 16 to 24 14 to 26	Post:- AD MITTY Department:	200
Department: Muster Number: 16 Thumb ID: 2022 Type of Leave: - CL/SL/DL/EL/Vacation/ DL from 10/11/15 to 21/11/15 for 12 Day(s) Cause of Leave: - CL/SL/DL/EL/Vacation/ DL from 10/11/15 to 21/11/15 for 12 Day(s) ALTERNETIVE ARRANGMENT MADE (For teaching and non-teaching) S N Date Lecture/Practical/Duty Adjustment Lecture/Practical/Duty Adjustment Name Sign Class/Dept. Subject/Type of work Name Sign Attach separate sheet if require Kindly consider my application. Attach separate sheet if require Kindly consider my application. FOR OFFICE USE No. of 12 CL/SL/DL/EL/Vacation/ D from lilicot to 31/17 C-2 SIGN.OF APPLICAN FOR OFFICE USE No. of 12 CL/SL/DL/EL/Vacation/ D leave due to your credit after this application days. DATE: - / 31/17 C-2 SIGN.OF OFFICE CLERK 1. Above requested leave/(s) has been sanctioned. 2. Out above requested leave(s) has not been sanctioned. 3. Above requested leave(s) has not been sanctioned. (Reason for not sanctioning - Leave(s) has not been sanctioned. (Reason for not sanctioning - Cut here	Muster Number: 16	200
Type of Leave: - CL/SL/DL/EL/Vacation/ DL from ID/ID/C to 2//IP/C for ID/ID/C to 2//IP/C for ID/ID/C for ID/ID/ID/C for ID/ID/ID/C for ID/ID/ID/ID/ID/ID/ID/ID/ID/ID/ID/ID/ID/I	Cause of Leave: - CL/SL/DL/EL/Vacation/ DL from 10/14/15/15 for 12 D. Cause of Leave: - CL/SL/DL/EL/Vacation/ DL from 10/14/15 for 12 D. Cause of Leave: - CL/SL/DL/EL/Vacation/ DL from 10/14/15 for 12 D. Contact No. while on Leave: - Am of 12 D. Charles of Lecture/Practical/Duty Adjustment Lecture/Practical/Duty Adjustment Lecture/Practical/Duty Adjustment Name S. S. Name S. Subject/Type of work Name S. S. Sign. OF APPLICATION OF S. Subject/Type of work Name S. S. Sign. OF APPLICATION OF S. Sign. OF APPLICATION OF S. Sign. OF APPLICATION OF S. Sign. OF OFFICE CLERICATION OF S. Sign.	200
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Cause of Leave: CLERK OR INCHARGE OF DEPT. (For Dept. Record) Contact No. while on Leave: ACCUPATION Adjusted by Contact No. Name of Contact	Cause of Leave: OLE door duly Contact No. while on Leave: ARRANGMENT MADE (For teaching and non-teaching) S N Date Lecture/Practical/Duty Adjustment Lecture/Practical/Duty Adjustment Name Subject/Type of work Name Subject/Typ	ay(s).
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Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE LEAVE APPLICATION

application							
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Name of	the Employe	e: Sushi	Ramao	Delhouly	Po	ost:C	enk
Departm	ent: 0	fice		Muster Number: _	15	_Thumb ID:	282200
Type of L	eave: - CL / S	L/DL/EL/Va	cation/	from 02/03/22	o to 02/03/	202-for	Day(s).
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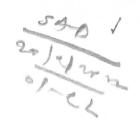
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аррисат	ion form snould be sub	mitted to office	ni prior with sight	nure(s) of authorities before g	Date: - 23/11/2028
Name	of the Employees	11.	shall D	Bax:	Post:- 28220020
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Cause	of Leave:- Me	edi cal		Contact No. while o	n Leave:- 9765362943
ALTER	RNETIVE ARRAN	IGMENT N	IADE (For tea	aching and non-teac	hing)
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		Time	Class/Dept.	Subject/Type of work	Name Sign
1					AKShay Jain Feel
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3	07/12/2020		IOT	IT	Nilesh Pawar NSBAD
4	21/12/2020		TOP		Pradip Surwade Des
5					Dinesh Patil Telant
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					Date: - 11 / 0	17/202	
Name	of the Employee:	Naro	ndra V	ishwas puti	Post:- The	structor	
Depart	ment: much	Work	Shur	Muster Number: _	Post:Thumb ID:	2822000	
Туре о	f Leave: - CL / SL / I	DL / EL / Vac	ation /	from 10.7.20	10-7-202 for 0	Day(s).	
Cause	of Leave:- gens	and		Contact No. while on	Leave:- 827518	273	
ALTER	RNETIVE ARRAN	IGMENT N	//ADE (For te	aching and non-teach	ing)		
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Departm	ent: \ullin	ork sho	P	Muster Number:	05 Thumb	0:2822000	
Type of L	eave: - CL / SL	/ DL / EL / Vac	ation / e	L from 13/01/20	13 01 2020 for	1/0_Day(s).	
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					Date: -14 / 02	-/2020		
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					Thumb ID:			
Type of	f Leave: - CL / SL	/ DL / EL / Vaca	tion/ <u>e</u> l	- from 22/02/2	22 to 22 02 2020 for 6	Day(s).		
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Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE LEAVE APPLICATION

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		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	12/6/21	10:00 to	Daily	Mark	Mr Nilesh Pawar	1184
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Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE LEAVE APPLICATION

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		submitted to office in			. 4	1
Name o	of the Employe	e:- Mr. Pr	adeep	D. Smwade	Date: - 5 / 7 Post:- TRU Thumb ID: to 2 7 / 22 for 0	L. Assj.
	Tif	oren Hinn	Tech.		06 Thurst 10.	287200
Departi	ment:		1000)	Muster Number:	1 Inumo ID:	1
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1	418121			Dipas	Sangen.	Sanyon
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2. 3.	Out above requ Above requeste	ested	leave (s) leave(s) h	has been s as not been sanctioned.		
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	due to your Credit	after this appl	lication is	Ne Parle Kelavan		
DATE:				II * I DHIII \ S	SIGN OF	OFFICE CLERK



Post:- Department: Meth work Shop Muster Number: The	11/06/202
Name of the Employee:- Narendra Vishwas putil Post:-	
	61 - 67 3 - 0 by
Department: Mech-work Shop. Muster Number: The	
Type of Leave: - CL/SL/DL/EL/Vacation/ Dl from 12.06-21 to 12-6-21 Cause of Leave: - Collection of pata Contact No. while on Leave: - 8279	for one Day(s).
Cause of Leave: - (a) entire of student Contact No. while on Leave: - 827	5018273
ALTERNETIVE ARRANGMENT MADE (For teaching and non-teaching)	
ALTERNETIVE ARRANGMENT MADE (For teaching and non-teaching)	
	al/Duty Adjusted by
Time Class/Dept. Subject/Type of work Name	Sign
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No. of CL/SL/DL/EL/Vacation/ from	available as per leaver this application
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Above requested — leave/(s) has been sanctioned. Out above requested — leave (s) ———————————————————————————————————	
3. Above requested ————————————————————————————————————	
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TO BE RETURNED TO THE APPLICANT:	
TO BE RETURNED TO THE APPLICANT: Day Casual/Sick Leave/Earned Leave/Duty Leave fromtobalance CL / SL	. / DL / EL / Vacation
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