LEAVE APPLICATION FORM

1. Name: 
2. Designation: 
3. Type of Leave: C.L./R.H./Permission
4. Date & No of days / hours: 
5. Reason: 
6. Details of substitute arrangement: Date of make-up classes
7. Approval of the In-charge: 
   Date: 
   SIGNATURE OF THE APPLICANT

(FOR OFFICE USE ONLY)

HOD

LEAVE CREDIT Days only
Page Number of Leave Register Department of Biotechnology
Anna University: Chennai-25

SUBMITTED

ANNA UNIVERSITY: DEPARTMENT OF BIOTECHNOLOGY: CHENNAI 25

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