

विश्वेश्वरय्या राष्ट्रीय प्रौद्योगिकी संस्थान,नागपुर VISVESVARAYA NATIONAL INSTITUTE OF TECHNOLOGY, NAGPUR

APPLICATION FOR CANCELLATION OF LEAVE

	Name	
•	Designation	
	Deptt./ Section	
١.	Cancelled to be	
j.	Duration	From to
ó.	Ground for cancellation of Leave	
7.	Whether applying for	
	LTC/Encashment of Leave	Yes/ No
8.	Remarks if any	
,		
	Date:	Signature of the Applicant
Ι	Date: Signature of Controlling Officer	Signature of the Applicant
I s		
I	Signature of Controlling Officer Remarks/ recommended of Contr	
1 .	Signature of Controlling Officer Remarks/ recommended of Contr	olling Officer FOR OFFICE USE ONLY For Days W.E.F
I S S S S S S S S S S S S S S S S S S S	Signature of Controlling Officer Remarks/ recommended of Contr	olling Officer FOR OFFICE USE ONLY For Days W.E.F
I s	Remarks/ recommended of Contr Earned Leave/ Commuted Leave/ HPL and necessary entries are taken in So	olling Officer FOR OFFICE USE ONLY For Days W.E.F

Sr. Assistant (Estt.)

Sr.Supt(Estt.) O.S.D.(Estt.)

Jt. Registrar (Admn.)

Dean(FW)