INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED NUTRITION, CHENNAI - 600 113

NAME					
DESIGNATION	:				
DEPARTMENT	:				
Kind of Leave Appplie	ed:				
		1	CASUAL LEAVE		
		2	EARNED LEAVE	~	
		3	MEDICAL LEAVE		
		4	RESTRICTED HOLIDAY		
		5	COMPENSATORY OFF		
		6	LOP/EOL		
5 · 1 · [] · · · · · · · · · · · · · · · · ·	Erom		and	/ to	
Period of leave : On/	rioiii_		7		
No. of Days				*	
Reason(s) for leave	:				
Address during leave	e :				
Additess daining read					
		- 1			
Whether outstation	loavo	roquir	ed · YES /NO		
Date:	leave	equii	eu. ILS/III	Signature	
. Date .		12			
		83	FOR DEPARTM	ENT USE	
Can be spared		·:	YES / NO	•	
To be officiated by		•			
10 De Officiated by					
					F DEPARTMENT / ADMN. OFFICER
			NO.	HEAD	F DEPARTIVIEIVI / ADIVIN. OTTICE
	c		FORC	FFICE USE	
Leave taken to date	e	:			
Leave at credit		:			
STAFF-IN-CHARGE	/LEAVI	E			SANCTIONED / NOT SANCTIONED
	and the second second second				

OFFICE SUPDT. / ADMN. OFFICER / PRINCIPAL