



Pravara Rural Education Society's
COLLEGE OF PHARMACY, CHINCHOLI

Tal. Sinnar, Dist. Nashik
Approved by A.I.C.T.E., New Delhi and
Affiliated to S.N.D.T. Women's University, Mumbai
Ph.No. (02551)271145, Fax No. : (02551)271178



Web site : <http://pravaracopc.org.in> Email ID : pravaracopc@yahoo.co.in

To
The Principal
College of Pharmacy (For Woman),
Chincholi, Tal: Sinnar, Dist: Nashik

Through, The Head, Department of _____

Name:-Mr,Mrs,Miss. _____

Sub: - Application of CL/ ML/ EL/ LWP/ Coffs./ on duty/ leave.

Respected Sir,

I, the undersigned is working as a _____ in the department of
(Designation)

I would like to apply for _____ days CL/ ML/ EL/ LWP/ Coffs / on duty/ leave
from...../...../2016. to/...../2016 for the
reasons _____

I would like to bring to your kind notice that, as on today, I have availed _____ days of
above mentioned leaves & have _____ days balance leaves on my account.

My address for correspondence during above mentioned period shall be as below:

_____ Mobile: - _____

The responsibility of my lectures duties & additional duties on above dates has been accepted by the
persons as shown below:-

S. No.	Alternative arrangement	Signature of staff
1		
2		

Therefore I request you to permit me to avail the same.

Thanking you,

Yours faithfully

Recommended for sanction of leave

Self-Signature:- _____

Signature of H.O.D. _____

Name:- _____

Establishment Dept.

Jr. Officer

O.S.

Principal