



BIKALI COLLEGE, DHUPDHARA
GOALPARA-783123

Date:

LEAVE APPLICATION FORM

To,

The Principal Bikali College, Dhupdhara, Goalpara-783123

1. Name of the applicant:.....
2. Designation with Department:.....
3. Type of Leave:.....
4. Number of Days of Leave applied for
5. Date (From).....to.....
6. Reason for Leave of Absence.....

Signature of Applicant

Signature of the Head of the Department

Granted

Principal,
Bikali College, Dhupdhara
Goalpara-783123