

**DR. B. C. ROY ENGINEERING COLLEGE, DURGAPUR**

**Application for CASUAL LEAVE/EARN LEAVE/MEDICAL LEAVE**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Leave taken till date: \_\_\_\_\_

No. of leave applied for: \_\_\_\_\_

Reason: \_\_\_\_\_

Whether suffixing/Prefixing, holiday/Sunday \_\_\_\_\_

Station leave permission required (Yes/No) \_\_\_\_\_

Address /Contact No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant  
Designation

Recommend / Not Recommended

(Signature of HOD/In-charge)

Leave sanctioned / Not Sanctioned

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Society Member/Principal

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