LUMDING COLLEGE (B+)

LUMDING :: HOJAI :: ASSAM

Date:____/____/_____

DUTY LEAVE FORM

1. *Name of the Employee :* _____
2. *Designation :* _____
3. *Department :* _____
4. *Contact No. :* _____
5. *Reason for Duty Leave:*

   a) Attending Workshop ☐
   b) Attending Seminar ☐
   c) Official Meeting ☐
   d) Training Program ☐
   e) External Examiner ☐
   f) Others ☐ (Please specify): _____

6. *Details of the Event/Program:*

Event Name: _____

Venue: _____

Date(s) of the Event: From _____ to _____

7. *Period of Leave:*

From: _____ to _____

Total Number of Days: _____

8. *Work Adjustment Details (if applicable):*

Delegated to: _____

Signature of the Delegate: _____

9. *Approval:*

Recommended by (Department Head):

Name: _____

Signature: _____

Date: _____

Employee's Signature: _____

Date: _____

N.B. : Teachers are requested to submit necessary documents along with application form.

(For Office Use Only)

Leave Status: *Approved / Not Approved*

Form Sl. No_____

Signature of the dealing Assistant

Principal
Lumding College
Lumding, Hojai, Assam