



Chhatrapati Shahu Maharaj Shikshan Sanstha's  
**AYURVED MAHAVIDYALAYA**  
KANCHANWADI, AURANGABAD.



**LEAVE APPLICATION FORM FOR TEACHING / NON-TEACHING STAFF**

I \_\_\_\_\_ hereby apply for the OD LEAVE for \_\_\_\_\_  
day (s). The relevant particulars are as below.

1. Department : \_\_\_\_\_
2. Date (s) for which leave required :- From \_\_\_\_\_ To \_\_\_\_\_
3. Reasons for OD Leave :- \_\_\_\_\_
4. Address during OD Leave :- \_\_\_\_\_

Work Load During Leave (For Teacher)					
No. of Class / Practical / OPD / Posting allotted				Adjustments During Leave	
Date	Class	Practical	OPD / Posting	Name of the Staff	Sign.
	Other Work Assigned Status				

Date & Period in which missed classes will be compensated \_\_\_\_\_

Sign. of Staff

Sign. of HOD

**SANCTIONED / NOT SANCTIONED**

Total Leave Status (For office use only)		
Type of Leave allowed	Balance	Leave Requested
CL -		
C. Off		

Office Suptt.

I/C Academic

Principal