



INSTITUTE OF AERONAUTICAL ENGINEERING

DUNDIGAL – 500 043, HYDERABAD

SANCTION OF CL/s IN ADVANCE

1	Name of the Applicant	:	
	Employee ID		
	JNTUH		
2	Designation	:	
3	Department	:	
4	Type of leave applied	:	
5	Date(s) of absence	:	
6	No. of days required	:	
7	Period of advance CLs	:	from.....To.....
	Prefix/Suffix of holidays, if Any	:	Prefix Suffix.....
8	Reason for want of additional leaves (IN CASE OF MEDICAL EMERGENCY ON PRODUCTION OF SATISFACTORY PROOF)	:	
9	Number of days of Leave last availed during the current year	:	

10 Class work adjustment:						
Date	Period Number	Class, Branch and Section	Alternative Arrangement		Signature	Date of Compensation
			Emp. ID	Name		

Date: _____

Signature of the Applicant

Remarks of HOD: Yes / No

Comments if any: _____

Signature of HOD

Recommendation of the Director: Sanctioned / Not Sanctioned.

PRINCIPAL