**Adichunchanagiri Shikshanna Trust ®**

**ADICHUNCHANAGIRI INSTITUTE OF BUSINESS MANAGEMENT**

**(Affiliated to Kuvempu University)**

**P.B.No.91, Adichunchanagiri Extension, Chikkamagaluru – 577102 Karnataka State –INDIA**

## **LEAVE APPLICATION FORM**

## Date:

|  |  |
| --- | --- |
| Name of the Faculty |  |
| Designation |  |
| Department |  |
| Leave Applied from |  |
| Leave Applied to |  ( ) days |
| Reason for leave |  |
| Contact No |  |

**Class Adjustment of Applicant**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.No** | **Day/ Date** | **Class** | **Timings** | **Adjusted to** | **Signature** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |

 Applicant HOD

 Principal