



GOVT. OF ASSAM

GOVERNMENT MODEL DEGREE COLLEGE

DIBLONG: DIMA HASAO: ASSAM

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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*

7. Period of Leave*

*Event Name _____

*From _____ To _____

*Venue _____

*Total Number of Days _____

*Date(s) of the Event From _____ To _____

8. Work Adjustment Details (if applicable)*

9. Approval*

*Delegated to: _____

*Recommended by (HOD)

*Signature of the Delegate: _____

*Name: _____

*Employee's Signature: _____

*Signature: _____

*Date: _____

*Date: _____

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

(For Office Use Only)

Form Sl No _____

Leave Status *Approved/Not Approved

Signature of the dealing Assistant

Principal
Govt. Model Degree College
Diblong, Dima Hasao