

Registrar/Associate Dean	Signature of the Staff with date: Recommendation of the HOD with date:	Date Class(Sem/Branch/ Alternate Arrangement Name Alternate Arrangement Sec/Hr/Sub code) & Signature Compensation(Date/Hour)	Reason :	Position : No. of Days & Dates of leave:	Department :	Name of the Staff:	LEAVE APPLICATION FORM FOR ADHOC AND OUTSOURCED EMPLOYEE Date:	NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH Tadepalligudem-534101, West Godavari District, AP, India
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