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Run by: Thirunilam Educational Trust

Mattakara P.O., Kottayam 686564

LEAVE APPLICATION FOR TEACHING & TECHNICAL STAFF

Name:Divya Mol V.K..... Designation & Dept...Lecturer (B.S)

Reason for the leave applied forMedical Leave.....

No. of days required for1 month (15 Aug 2022 to 17 Sep 2022)

(Leave with Date)

Signature of Applicant

Date.....14/08/2022

Alternate Arrangement / Transfer of Duty

Name, Designation & Dept. of Authorised Person....Sreenath S.....

.....Lecturer (B.S).....

HOD Sign

Signature.....

Signature of the Sanctioning Authority
(Principal)

For Office Use Only

Details of leave at credit

Nature of Leave	No. of leave taken	Balance
Casual leave <input type="checkbox"/>		
Loss of pay <input type="checkbox"/>		
Compensation <input type="checkbox"/>		

Section Officer (Sign)

Approved by

Administrator





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LEAVE APPLICATION FOR TEACHING & TECHNICAL STAFF

Name: ERLIN ANTONY Designation & Dept. Asst. Prof., CIt Dept
Reason for the leave applied for Maternity leave
No. of days required for 6 months [July 2018 - Dec 2018]
(Leave with Date)

Signature [Signature] of Applicant

Date.....

Alternate Arrangement / Transfer of Duty

Name, Designation & Dept. of Authorised Person SMITHA PAUL
Asst. Prof., Electrical and Electronics

HOD Sign [Signature]

Signature [Signature]

Signature of the Sanctioning Authority
(Principal)

For Office Use Only

Details of leave at credit

Nature of Leave	No. of leave taken	Balance
Casual leave <input type="checkbox"/>		
Loss of pay <input type="checkbox"/>		
Compensation <input type="checkbox"/>		

Section Officer (Sign)



Approved by [Signature]
Administrator

Paul. AJ

Director
TOMS COLLEGE OF ENGINEERING
Mattakara P.O.
KOTTAYAM, KERALA - 686 564





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LEAVE APPLICATION FOR TEACHING & TECHNICAL STAFF

Name: SHIJANA B. Designation & Dept... Asst. Prof. CSE, HOD
Reason for the leave applied for Maternity leave
No. of days required for 6 Months March 2019 - August 2019
(Leave with Date)

Signature of Applicant

Date... 11/03/2019

Alternate Arrangement / Transfer of Duty

Name, Designation & Dept. of Authorised Person... Smiths Paul
..... Asst. Prof. E.E.E.

HOD Sign

Signature

Signature of the Sanctioning Authority
(Principal)

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Details of leave at credit

Nature of Leave	No. of leave taken	Balance
Casual leave <input type="checkbox"/>		
Loss of pay <input type="checkbox"/>		
Compensation <input type="checkbox"/>		

Section Officer (Sign)



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Administrator

Paul AJ

Director
TOMS COLLEGE OF ENGINEERING
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LEAVE APPLICATION FOR TEACHING & TECHNICAL STAFF

Name: Ambily C Panicker Designation & Dept. Asst. Prof. EEE
Reason for the leave applied for Maternity leave
No. of days required for 6 months [June 2019 - Nov. 2019]
(Leave with Date)

Signature of Applicant

Date 25/05/2019

Alternate Arrangement / Transfer of Duty

Name, Designation & Dept. of Authorised Person Sreelekshmi P Nair
Asst. Prof. EEE

HOD Sign [Signature]

Signature [Signature]

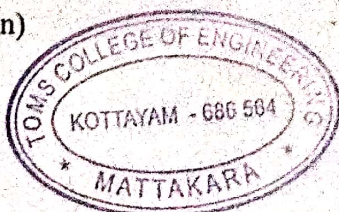
Signature of the Sanctioning Authority
(Principal)

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Details of leave at credit

Nature of Leave	No. of leave taken	Balance
Casual leave <input type="checkbox"/>		
Loss of pay <input type="checkbox"/>		
Compensation <input type="checkbox"/>		

Section Officer (Sign)



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LEAVE APPLICATION FOR TEACHING & TECHNICAL STAFF

Name: Shilpa K.S. Designation & Dept. Basic Science (AD)
Reason for the leave applied for Medical leave (3 weeks)
No. of days required for 3 weeks (20/9/2022 - 15/10/2022)
(Leave with Date)

Signature of Applicant

Date 18/9/2022

Alternate Arrangement / Transfer of Duty

Name, Designation & Dept. of Authorised Person Joshitha T.P. (AD)
Chemical Engg.

HOD Sign [Signature]

Signature [Signature]

Signature of the Sanctioning Authority
(Principal)

For Office Use Only

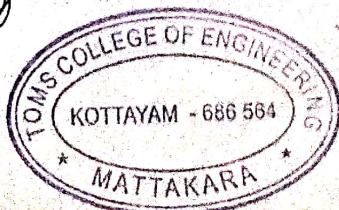
Details of leave at credit

Nature of Leave	No. of leave taken	Balance
Casual leave <input type="checkbox"/>		
Loss of pay <input type="checkbox"/>		
Compensation <input type="checkbox"/>		

Section Officer (Sign)

Approved by

Administrative



Paul. AJ
Director
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LEAVE APPLICATION FOR TEACHING & TECHNICAL STAFF

Name: Joshi, the Designation & Dept. APD / CH
Reason for the leave applied for Marriage
No. of days required for 3 weeks (20/12/23 - 14/1/24)
(Leave with Date)

Signature of Applicant

Date.....

Alternate Arrangement / Transfer of Duty

Name, Designation & Dept. of Authorised Person Shilpa K.S. (AP)
Basic Science

HOD Sign

Signature.....

Signature of the Sanctioning Authority
(Principal)

For Office Use Only

Details of leave at credit

Nature of Leave	No. of leave taken	Balance
Casual leave <input type="checkbox"/>		
Loss of pay <input type="checkbox"/>		
Compensation <input type="checkbox"/>		

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LEAVE APPLICATION FOR TEACHING & TECHNICAL STAFF

Name: ... Nayana V.T Designation & Dept. (AP), Chemical Engg.
Reason for the leave applied for Casual leave (State's Marriage)
No. of days required for 4 days
(Leave with Date)

Signature of Applicant

Date: Nayana

Alternate Arrangement / Transfer of Duty

Name, Designation & Dept. of Authorised Person: Shrigha Pappachan (AP) Chemical Engg
.....

HOD Sign

Signature: Shrigha

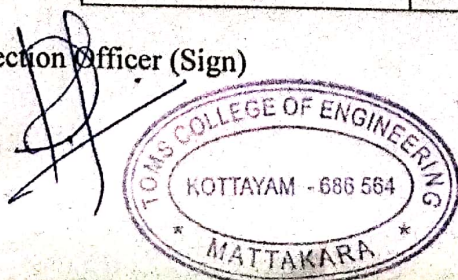
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Details of leave at credit

Nature of Leave	No. of leave taken	Balance
Casual leave <input type="checkbox"/>		
Loss of pay <input type="checkbox"/>		
Compensation <input type="checkbox"/>		

Section Officer (Sign)



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Paw. AJ

Director
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LEAVE APPLICATION FOR TEACHING & TECHNICAL STAFF

Name: S.MITHA...PAUL..... Designation & Dept. ASSI. PROF., EEE

Reason for the leave applied for MATERNITY LEAVE.....

No. of days required for 01 year (.....)

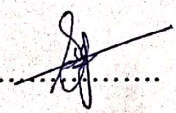
(Leave with Date)


Signature of Applicant

Date.....

Alternate Arrangement / Transfer of Duty

Name, Designation & Dept. of Authorised Person....S.MITHA...B. (HOD...EEE)...

HOD Sign 

Signature 

Signature of the Sanctioning Authority
(Principal)

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Details of leave at credit

Nature of Leave	No. of leave taken	Balance
Casual leave <input type="checkbox"/>		
Loss of pay <input type="checkbox"/>		
Compensation <input type="checkbox"/>		

Section Officer (Sign) 

Approved by

Administrator 