



# Shri Vile Parle Kelavani Mandal's Institute of Technology, Dhule

Survey No. 499, Plot No. 02, Behind Gurudwara,  
Mumbai - Agra Highway, Dhule. ☎ (02562) 297801, 660633  
✉ iotdhule@svkm.ac.in, www.svkm-iot.ac.in

Hon. Shri. Amrish R. Patel  
(President)

Dr. Nilesh P. Salunke  
(Principal)  
Ph.D., M.E., LMISTE

Date : 03/05/2020

## Leave Policy

### 1. Objective

- 1.1 To communicate the leave entitlements and provide guidelines for availing these leave.

### 2. Eligibility & Applicability

- 2.1 All employees on regular rolls of the Institute.

### 3. Policy & Procedure

- 3.1 Categories of leave available to the employees are Casual Leave, Maternity Leave, Academic Leave, Compensatory Off, Summer Vacation, and Leave without Pay.  
3.2 For the purpose of leave, "Year" shall mean the Calendar Year commencing 1<sup>st</sup> July and ending 30<sup>th</sup> June.  
3.3 All leaves shall accrue effective 1<sup>st</sup> July of every Year, except the Casual Leave.  
3.4 Employees shall apply for leave on prescribed formats. The leave application shall be made prior to actual days of leave.  
3.5 Holidays and weekly-offs between the leaves will be treated as a part of leave only. Weekends and holidays are exempted in case of Casual Leave.

### Entitlement & Procedure for availing Leaves:

#### 4. Casual Leave (CL)

- 4.1 All Employees are eligible for 08 days of CL in a calendar year, which shall be credited to them upon joining, on pro-rata basis.  
4.2 Employee on CL cannot be absent from duty continuously for more than 5 days including intervening holidays.  
4.3 Employees may avail CL for half-day also.  
4.4 CL may be prefixed or suffixed to intervening holidays or weekends.  
4.6 CL cannot be prefixed or suffixed to any other category of Leave.  
4.7 Un-availed CL will automatically lapse at the end of the year.

#### 5. Earned Leave (EL)

- 5.1 All Non-Vocational teaching staff & Non-Teaching Administrative staff who are on Confirmed and Probation are eligible for 30 days of Earned Leave.



- 5.2 Employees joining the organization shall have their Earned Leave entitlements for the rest of that calendar year calculated on pro-rata basis, and credited to their accounts on the following July 1<sup>st</sup>, January 1<sup>st</sup> which they can avail only after the confirmation of their services.
- 5.3 Earned Leave may be availed for one day also.
- 5.4 Except under emergency, employees shall apply for leave well in advance, especially if the leave period is more than a couple of days, and proceed on leave only after their leave is approved.
- 5.5 When it has not been possible to obtain advance approval, respective HODs should be kept informed, with information copy (CC) to the approval authority; and request for approval must be obtained at the earliest opportunity.
- 5.6 Earned Leave with may not be prefixed or suffixed with any other type of leave.

#### **6. Sick leave (SL) / Half Pay leaves (HPL)**

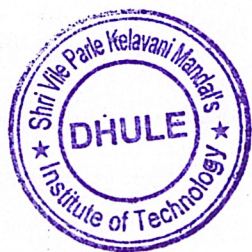
- 6.1 All Employees are eligible Sick Leaves for 10 days (Full Pay)/ 20 days (Half pay leave).
- 6.2 The employee needs to submit Medical certificate from registered medical practitioner in case of accruing Sick leave or half pay leave more than 3 days.

#### **7. Maternity Leave (ML)**

- 7.1 The Institute permits Maternity Leave of 180 days, to be availed at the convenience of the mother-to-be. The leave period includes weekends and holidays.
- 7.2 All confirmed female employees, are eligible for Maternity leave. However, the management may, at its discretion, also allow an employee under probation to avail maternity leave, and extend her probation period by the same duration.
- 7.3 Maternity leave shall be limited to an employee's first two confinements and must be spaced by at least 3 years (except in case of a miscarriage). In case of unfortunate miscarriage, a maximum leave of 4 to 6 weeks may be availed.
- 7.4 The employee shall inform the HOD at least 8 weeks prior to proceeding on leave with appropriate Medical Certificate.
- 7.5 ML will be in addition to other leave facilities of the Institute and shall not be prefixed or suffixed with any other kind of leave.

#### **8. Duty Leave (DL)**

- 8.1 All teaching and non-teaching faculty is eligible for 15 days Duty leave.
- 8.2 DL shall be applicable for attending Academic, Institute and University related work for all days of the work.
- 8.3 DL may also be considered for the following reasons:
  - 8.3.1 Delivering invited talks, attending Workshop, STTP, QIP, Conference, etc.
  - 8.3.2 Attending Spot Valuation assignments at a university other than the affiliated university.



8.4 Teaching faculty wishing to avail duty Leave should get their leave approved by the HOD at least 2 days in advance and send the approved leave application along with the invitation letter sent by the concerned university or Conference/Workshop to Office.

8.5 Academic leave may neither be accumulated nor combined with any other type of leave.

## **9. Leave without Pay (LWP)**

If an employee has exhausted all types of leave, exceptionally, he/she may be allowed to take leave without pay up to a maximum of 30 days in a year, subject to the recommendation of the HOD and approval of Principal.

9.1 LWP shall not be treated as break in-service.

## **10. Compensatory Off (CO)**

10.1 If an employee is called upon to work during the weekend or a public holiday or during vacation for more than half a day, equivalent compensatory off may be permitted in units of half a day or full day.

10.2 Compensatory off shall be availed within Six month. Else, it shall lapse.

## **11. Summer and Winter Vacation**

11.1 All Probation & Confirmed teaching faculty except those who hold administrative responsibilities, will be eligible for Summer Vacation.

11.2 The annual dates for the summer vacation shall be announced which shall ordinarily be availed by all, unless asked by the management to be available for some special assignments during the vacation.

11.3 Principal, in consultation with the HODs shall plan the summer vacation well in advance based on the academic and other relevant considerations.

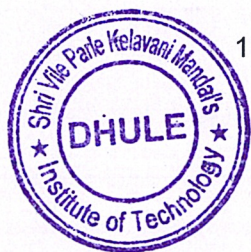
11.4 The Institute reserves the right to requisition the services of a teaching faculty, during the summer vacation for special assignments. In such cases, the teaching faculty requisitioned for special assignments during the summer vacation will be eligible for equal number of days of EL (or pro-rated number of days) in lieu of the summer vacation foregone.

11.5 The Principal shall inform all such faculty whose services may be required during the summer vacation, well in advance, along with their HOD.

11.6 Summer vacation cannot be prefixed or suffixed with any other leave.

11.7 Faculty availing the summer vacation shall keep the Institute informed of their address of stay and contact details during vacation period for emergency needs.

11.8 Faculty on summer vacation may at their discretion and on approval from the Principal, attend external examination related works/ SDPs/ Seminars/ Conferences. However, such activities shall not count for any set-off against the



summer vacation.

11.9 The summer and winter vacations will be in adherence with the University Almanac.

## **12. Special leave for pursuing research**

12.1 This leave shall be given, on a case-to-case basis, to those who have registered for Ph.D. and cleared their pre-Ph.D. course work, for a maximum period of a fortnight.

12.2 The leave needs to be approved by the Principal.

12.3 The Principal shall call for supporting recommendation letter from a faculty's Ph.D. guide for granting the approval.

12.4 The unutilized Special Leaves can be carried neither forward nor uncashed.

The above-mentioned leave policies are subject to revision and change time to time as per recommendations of statutory bodies.



*Daluke*  
**Principal**  
SVKM's Institute of Technology, Dhule



Shri Vile Parle Kelavani Mandal's

## Institute of Technology, Dhule.

Survey.No. 499, Plot No. 02, Behind Gurudwara, Mumbai - Agra Road, Dist.  
Dhule, Maharashtra, 424001

Phone No.: (02562) 297801, 297601

Web : [svkm-iot.ac.in](http://svkm-iot.ac.in)

Mail : [IOTDhule@svkm.ac.in](mailto:IOTDhule@svkm.ac.in)

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### Duty and Casual Leave





# Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

## LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P.)

Date: - 31/8/2023

Name of the Employee:- Turbarkumar Pandit Machhary Post:- Account Clerk

Department: Account Muster Number: \_\_\_\_\_ Thumb ID: EM822003

Type of Leave: - CL / SL / DL / EL / Vacation / DL from 09/08/23 to 10/08/23 for 02 Day(s).

Cause of Leave:- \_\_\_\_\_ Contact No. while on Leave:- 9404751973

### ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	09/08/23				Dipak Sanyal	Sanyal
2	10/08/23				Dipak Sanyal	Sanyal
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

SIGN. OF APPLICANT

### FOR OFFICE USE

No. of 02 CL / SL / DL / EL / Vacation / DL from 09/08/23 to 10/08/23 is available as per leave records. Balance CL / SL / DL / EL / Vacation / DL leave due to your credit after this application is 02 days.

DATE: 31/08/23

SIGN OF OFFICE CLERK

1. Above requested 02 DL leave(s) has been sanctioned.
2. Out above requested \_\_\_\_\_ leave (s) \_\_\_\_\_ has been sanctioned.
3. Above requested \_\_\_\_\_ leave(s) has not been sanctioned.

(Reason for not sanctioning :- \_\_\_\_\_)

PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

HOD/INCHARGE OF DEPT.

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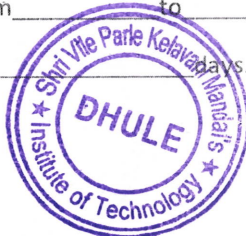
### TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from \_\_\_\_\_ to \_\_\_\_\_ balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is \_\_\_\_\_ days.

DATE:

SIGN OF OFFICE CLERK





# Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

## LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: 31/08/2023

Name of the Employee:- Atul Patwari

Post:- ALC

Department: Accountant

Muster Number: 09108123 - 10108123

Thumb ID: 28220018

Type of Leave: - CL / SL / DL / EL / Vacation / DL

from 17/08/23 - 19/08/23

to 20/08/23 - 25/08/23 for 5 Day(s).

Cause of Leave:-

Contact No. while on Leave:- 9075300073

### ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1						
2						
3						
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6						

Attach separate sheet if required

Kindly consider my application.

Atul Patwari

SIGN.OF APPLICANT

### FOR OFFICE USE

No. of 9 CL / SL / DL / EL / Vacation / DL from 17/08/23 to 25/08/23 is available as per leave records. Balance CL / SL / DL / EL / Vacation / DL leave due to your credit after this application is 5 days.

DATE: - / /

SIGN OF OFFICE CLERK

- Above requested 09 DL leave/(s) has been sanctioned.
- Out above requested 5 leave (s) has been sanctioned.
- Above requested 5 leave(s) has not been sanctioned.

(Reason for not sanctioning :-)

Balraj  
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

HOD/INCHARGE OF DEPT.

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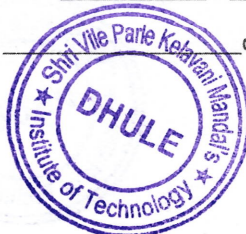
### TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from 17/08/23 to 25/08/23 balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is 5 days.

DATE:

SIGN OF OFFICE CLERK





# Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

## LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: - 26/06/2018

Name of the Employee:- Sachin Nerkar Post:-

Department: Applied Science & Hum. Muster Number: Thumb ID: 28210039

Type of Leave: - CL / SL / DL / EL / Vacation / 1/2 CL from 25/06/20 to 25/06/2020 for Half Day(s).

Cause of Leave:- Personal Contact No. while on Leave:- 9405382516

### ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1						
2						
3						
4						
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6						

Attach separate sheet if required

Kindly consider my application.

1/2 CL

SIGN OF APPLICANT

### FOR OFFICE USE

No. of 04 1/2 CL / SL / DL / EL / Vacation / 1/2 CL from 11/7/18 to 30/6/2020 is available as per leave records. Balance CL / SL / DL / EL / Vacation / 1/2 CL leave due to your credit after this application is 04 days.

DATE: - 1/7/2018 27/06/2020

SIGN OF OFFICE CLERK

- Above requested 1/2 CL leave/(s) has been sanctioned.
- Out above requested leave (s) has been sanctioned.
- Above requested leave(s) has not been sanctioned.

(Reason for not sanctioning :-)

Principal

PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

HOD/INCHARGE OF DEPT.

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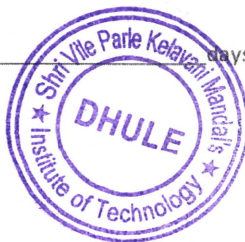
### TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from to balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is days.

DATE:

SIGN OF OFFICE CLERK





# Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

## LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: - 03/03/2018  
Name of the Employee:- Yogesh D. Sonawane Post:- Asst. Prof.  
Department: Mechanical Engineering Muster Number: 21 Thumb ID: 28210033  
Type of Leave: - CL / SL / DL / EL / Vacation / 01 from 04/3/2020 to 4/3/2020 for 1 Day(s).  
Cause of Leave:- Personal Contact No. while on Leave:- 9975708447

### ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	4/3/2020	10.00-11.00	T.Y. Mech	I.C. Elvive	Mahesh Dalwani	
2	4/3/2020	1.45-2.45	T.Y. Mech	I.C. Tutorial	D.S. Doifode	
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

SIGN. OF APPLICANT

### FOR OFFICE USE

No. of 01 CL / SL / DL / EL / Vacation / 01 from 04/3/2020 to 4/3/2020 is available as per leave records. Balance CL / SL / DL / EL / Vacation / 01 leave due to your credit after this application is 01 days.

DATE: - / / 2018

SIGN OF OFFICE CLERK

1. Above requested 01 CL leave/(s) has been sanctioned.
2. Out above requested 01 leave (s) has been sanctioned.
3. Above requested 01 leave(s) has not been sanctioned.

(Reason for not sanctioning :-)

PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

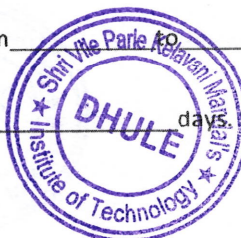
HOD/INCHARGE OF DEPT.

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### TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from 04/3/2020 to 4/3/2020 balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is 01 days.





# Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

## LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: - 12/03/2020

Name of the Employee:- Yogesh Diliprao Sonawale Post:- Asst. Prof.

Department: Mechanical Muster Number: Thumb ID: 28210033

Type of Leave: - CL / SL / DL / EL / Vacation / CL from 13/3/2020 to 13/3/2020 for 1 Day(s).

Cause of Leave:- Ph.D. Work. Contact No. while on Leave:- 9975208442.

### ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	13/3/2020	3-5 pm	P <sub>3</sub> Batch	I. C. Engie	Bhushan Belade	BIB
2						
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

*[Signature]*

SIGN.OF APPLICANT

### FOR OFFICE USE

No. of 01 CL / SL / DL / EL / Vacation / CL-1 from 11/7/2019 to 30/6/2020 is available as per leave records. Balance CL / SL / DL / EL / Vacation / leave due to your credit after this application is 00 days.

DATE: - 12/03/2020

*[Signature]*  
SIGN OF OFFICE CLERK

1. Above requested 01 cl leave/(s) has been sanctioned.
2. Out above requested leave (s) has been sanctioned.
3. Above requested leave(s) has not been sanctioned.

(Reason for not sanctioning :- )

*[Signature]*  
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

*[Signature]*  
HOD/INCHARGE OF DEPT.

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### TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from to balance / SL / DL / EL / Vacation

Leave due to your Credit after this application is days.





# Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

## LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: - 23/06/2020

Name of the Employee:- Atul A Khairnar Post:- Asst. Librarian

Department: Library Muster Number: \_\_\_\_\_ Thumb ID: \_\_\_\_\_

Type of Leave: - CL / SL / DL / EL / Vacation / C.L from 26/06/20 to 26/06/20 for 01 Day(s).

Cause of Leave:- Health was not good Contact No. while on Leave:- 9579224495

### ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	26/06/20	11:30 to	Library	Library	Mr. Mahesh	<u>Amif</u>
2		6:30 PM		WORK	Gaikwad	
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

Khairnar  
SIGN OF APPLICANT

### FOR OFFICE USE

No. of 6 CL / SL / DL / EL / Vacation / CL from 1/7/20 to 31/12/20 is available as per leave records. Balance CL / SL / DL / EL / Vacation / CL leave due to your credit after this application is 5 days.

DATE: - 1/7/2020

OL  
SIGN OF OFFICE CLERK

1. Above requested 01 CL leave(s) has been sanctioned.
2. Out above requested - leave (s) has been sanctioned.
3. Above requested - leave(s) has not been sanctioned.

(Reason for not sanctioning :- \_\_\_\_\_)

Bahadur  
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

HOD/INCHARGE OF DEPT.

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### TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from \_\_\_\_\_ to \_\_\_\_\_ balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is \_\_\_\_\_ days.

DATE:

SIGN OF OFFICE CLERK





"God Exists Where Women are Worshipped"  
West Khandesh Bhagini Seva Mandal's

## Arts and Commerce College For Women

Vidya Nagari, Near Datta Mandir Chowk, DEOPUR, DHULE - 5 MAHARASHTRA

(Affiliated to S.N.D.T. Women's University, Mumbai-20)

College u/s 2 (f) and 12 (B) of UGC Act 1956

Websited - www.wkbsmwomencollegedhule.org

Phone No. : 02562-272948

Email ID : prin\_wkbs@rediffmail.com

Estd. 1983

■ NAAC Re-Accredited Grade B+

■ ISO Certified

Dr. R. K. Shinde Act. Principal

Dr. S. G. Gupta - Administrator

Outward No. : WKBSM / MM / 24 / 2020 - 2021

Date : 22/09 / 2020

प्रति,

मा. प्राचार्य,

एस. व्ही. के. एम. इन्स्टीट्यूट ऑफ टेक्नॉलॉजी.

धुळे

विषय :- परीक्षा घेण्यासाठी पाठविणेबाबत..

महोदय,

उपरोक्त विषयानुसार आमच्या महाविद्यालयात यशवंतराव चव्हाण महाराष्ट्र मुक्त विद्यापीठ अंतर्गत ग्रंथालय व माहितीशास्त्र या विषयाच्या परीक्षा घेण्यासाठी आपल्या येथे कार्यरत असलेले ग्रंथपाल श्री. अतुल अभिमन खैरणार यांना दि. २६/०९/२०२० रोजी आमच्या महाविद्यालयात पाठवावे हि विनंती.

कळावे

आपला विश्वासु

*(Signature)*

केंद्र प्रमुख

यशवंतराव चव्हाण महाराष्ट्र मुक्त विद्यापीठ, नाशिक  
ग्रंथालय आणि माहितीशास्त्र पदवी शिक्षणक्रम  
प. खा. म. संचालित महिला महाविद्यालय  
देवपूर, धुळे

SVKM's INSTITUTE OF TECHNOLOGY, DHULE	
Inward No.-	93
Date.-	24/09/2020
Sign.	

*(Signature)*





# Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

## LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: 02/02/2021

Name of the Employee:- Rahul manohar Thakur Post:- Lab Asst.

Department: Electrical Muster Number: 17 Thumb ID: 28220027

Type of Leave: - CL / SL / DL / EL / Vacation / DL from 01/01/2021 to 31/01/21 for 31 Day(s).

Cause of Leave:- official Contact No. while on Leave:- 9890582090

(Dhule Stall)  
ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1						
2						
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

out of 100 duty = 31

31 days SIGN OF APPLICANT

### FOR OFFICE USE

No. of 31 CL / SL / DL / EL / Vacation / 00 from 11/1/2021 to 31/1/2021 is available as per leave records. Balance CL / SL / DL / EL / Vacation / 00 leave due to your credit after this application is \_\_\_\_\_ days.

DATE: - 11/04/2021

SIGN OF OFFICE CLERK

1. Above requested 31 DL leave(s) has been sanctioned.
2. Out above requested \_\_\_\_\_ leave (s) \_\_\_\_\_ has been sanctioned.
3. Above requested \_\_\_\_\_ leave(s) has not been sanctioned.

(Reason for not sanctioning :- \_\_\_\_\_)

Rahul  
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

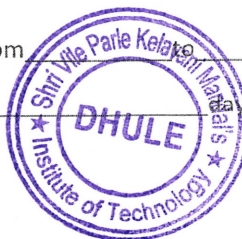
HOD/INCHARGE OF DEPT.

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### TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from \_\_\_\_\_ balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is \_\_\_\_\_ days.



DATE:

SIGN OF OFFICE CLERK



# Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

## LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: 31/12/2020

Name of the Employee:- DEPAK MATHUR

Post:- ADMIN CLERK

Department: OFFICE

Muster Number: 16

Thumb ID: 28220026

Type of Leave: - CL / SL / DL / EL / Vacation / DL from 10/12/20 to 21/12/20 for 12 Day(s).

Cause of Leave:- outdoor duty Contact No. while on Leave:- Amol

amol's father  
ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1						
2						
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

outdoor duty 12 days

DL  
SIGN OF APPLICANT

### FOR OFFICE USE

No. of 12 CL / SL / DL / EL / Vacation / 00 from 11/12/20 to 31/12/20 is available as per leave records. Balance CL / SL / DL / EL / Vacation / 00 leave due to your credit after this application is \_\_\_\_\_ days.

DATE: - 1/31/12/2020

DL  
SIGN OF OFFICE CLERK

1. Above requested 12dp leave/(s) has been sanctioned.
2. Out above requested 7 leave (s) -----has been sanctioned.
3. Above requested ----- leave(s) has not been sanctioned.

(Reason for not sanctioning :- \_\_\_\_\_)

Balubhe

PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

AD  
HOD/INCHARGE OF DEPT.

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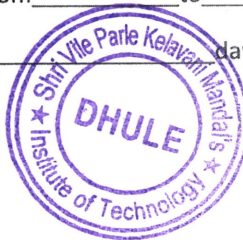
### TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from \_\_\_\_\_ to \_\_\_\_\_ balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is \_\_\_\_\_ days.

DATE:

SIGN OF OFFICE CLERK





# Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

## LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: - 07/03/2020

Name of the Employee:- Sushil Ramrao Delhmueh Post:- clerk

Department: office Muster Number: 15 Thumb ID: 28220024

Type of Leave: - CL / SL / DL / EL / Vacation / CL from 02/03/2020 to 02/03/2020 for 1 Day(s).

Cause of Leave:- Personal Contact No. while on Leave:- 9890903004

### ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1					<u>Surinder patil</u>	<u>VBati</u>
2						
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

[Signature]  
SIGN OF APPLICANT

### FOR OFFICE USE

No. of 8 CL / SL / DL / EL / Vacation / CL from 11/01/2020 to 31/02/2020 is available as per leave records. Balance CL / SL / DL / EL / Vacation / CL 1 leave due to your credit after this application is 7 days.

DATE: -07/03/2020

[Signature]  
SIGN OF OFFICE CLERK

1. Above requested 01 CL leave/(s) has been sanctioned.
2. Out above requested -----leave (s) -----has been sanctioned.
3. Above requested -----leave(s) has not been sanctioned.

(Reason for not sanctioning :- \_\_\_\_\_)

[Signature]  
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

HOD/INCHARGE OF DEPT.

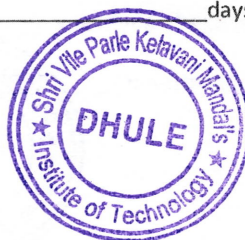
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### TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from \_\_\_\_\_ to \_\_\_\_\_ balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is \_\_\_\_\_ days.

DATE:



SIGN OF OFFICE CLERK



# Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

## LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: - 23/11/2020

Name of the Employee:- Nishal R. Bari Post:- 28220020

Department: IT Muster Number: Thumb ID:

Type of Leave: - CL / SL / DL / EL / Vacation / EL from 07/12/2020 to 21/12/2020 for 15 Day(s).

Cause of Leave:- Medical Contact No. while on Leave:- 9765362943

### ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1					AKSHAY JAIN	
2					Samadhan Rajput	
3	07/12/2020		IOT	IT	Nilesh Pawar	
4	21/12/2020		IOP		Pradip Surwade	
5					Dinesh Pati	
6					Virendra Pisolkar	

Attach separate sheet if required

Kindly consider my application.

EL-15

N.R. Bari

SIGN OF APPLICANT

### FOR OFFICE USE

No. of 42 CL / SL / DL / EL / Vacation / EL-15 from 11/12/2020 to 21/12/2020 is available as per leave records. Balance CL / SL / DL / EL / Vacation / EL leave due to your credit after this application is 27 days.

DATE: - 1 / 28/11/2020

SIGN OF OFFICE CLERK

- Above requested 15 EL leave(s) has been sanctioned.
- Out above requested leave (s) has been sanctioned.
- Above requested leave(s) has not been sanctioned.

(Reason for not sanctioning :-)

PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

HOD/INCHARGE OF DEPT.

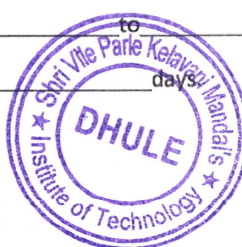
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### TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from to balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is days

DATE:



SIGN OF OFFICE CLERK



# Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

## LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: - 11/10/2020

Name of the Employee:- Narendra Vishwas Patil Post:- Instructor

Department: mechanical workshop Muster Number: \_\_\_\_\_ Thumb ID: 28220002

Type of Leave: - CL / SL / DL / EL / Vacation / \_\_\_\_\_ from 10.7.2020 to 10.7.2020 for one Day(s).

Cause of Leave:- personal Contact No. while on Leave:- 8275518273

### ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	10/7/2020					
2						
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

01-CL

[Signature]  
SIGN OF APPLICANT

### FOR OFFICE USE

No. of 01 CL / SL / DL / EL / Vacation / CC from 11/10/2020 to 31/10/2020 is available as per leave records. Balance CL / SL / DL / EL / Vacation / \_\_\_\_\_ leave due to your credit after this application is 03 days.

DATE: - 11/10/2020

[Signature]  
SIGN OF OFFICE CLERK

1. Above requested 01 CL leave/(s) has been sanctioned.
2. Out above requested \_\_\_\_\_ leave (s) \_\_\_\_\_ has been sanctioned.
3. Above requested \_\_\_\_\_ leave(s) has not been sanctioned.

(Reason for not sanctioning :- \_\_\_\_\_)

[Signature]  
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

[Signature]  
HOD/INCHARGE OF DEPT.

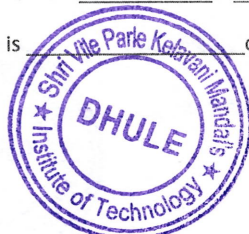
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### TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from \_\_\_\_\_ to \_\_\_\_\_ balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is \_\_\_\_\_ days.

DATE:



SIGN OF OFFICE CLERK



# Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

## LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.V.P.)

Name of the Employee:- M.P. Lohar

Date:- 13/01/2020

Department: WORK SHOP

Muster Number: 05

Thimo ID: 28200004

Type of Leave: - CL / SL / DL / EL / Vacation / CL from 13/01/2020 to 13/01/2020 for 1/2 Day(s). 130-5

Cause of Leave:-

Contact No. while on Leave: 9881263331

### ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1						
2						
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

0 1/2 CL

SIGN OF APPLICANT

### FOR OFFICE USE

No. of 8 CL / SL / DL / EL / Vacation / 1/2 CL from 11/12/2019 to 29/12/2019 is available as per leave records. Balance CL / SL / DL / EL / Vacation / 4 1/2 days.

DATE: - 11/10/01/2020

SIGN OF OFFICE CLERK

- Above requested 1/2 CL leave/(s) has been sanctioned.
- Out above requested 1/2 CL leave (s) has been sanctioned.
- Above requested 1/2 CL leave(s) has not been sanctioned.

(Reason for not sanctioning :-)

PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

HOD/INCHARGE OF DEPT.

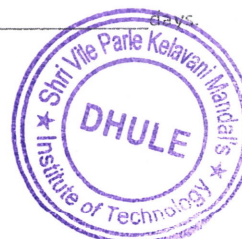
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### TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from \_\_\_\_\_ to \_\_\_\_\_ balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is \_\_\_\_\_ days.

DATE:



SIGN OF OFFICE CLERK



# Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

## LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: - 14/02/2020

Name of the Employee:- Mahendra P. Lohar

Post:- W/S Instructor

Department: Mechanical workshop Muster Number: 06 Thumb ID: \_\_\_\_\_

Type of Leave: - CL / SL / DL / EL / Vacation / CL from 22/02/2020 to 22/02/2020 for 01 Day(s).

Cause of Leave:- \_\_\_\_\_ Contact No. while on Leave:- 9881263311

### ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	22/2/2020	12:45 -			Mahendra P. Lohar	
2		2:45 -				
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

01-CL

SIGN OF APPLICANT

### FOR OFFICE USE

No. of 3 1/2 CL / SL / DL / EL / Vacation / CL from 11/1/2020 to 31/1/2020 is available as per leave records. Balance CL / SL / DL / EL / Vacation / CL leave due to your credit after this application is 6 1/2 days.

DATE: - 11/14/02/2020

SIGN OF OFFICE CLERK

1. Above requested 01 CL leave/(s) has been sanctioned.
2. Out above requested - leave (s) - has been sanctioned.
3. Above requested - leave(s) has not been sanctioned.

(Reason for not sanctioning :- \_\_\_\_\_)

PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

HOD/INCHARGE OF DEPT.

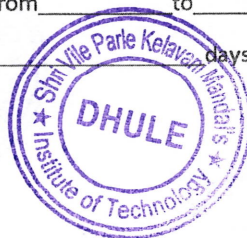
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### TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from \_\_\_\_\_ to \_\_\_\_\_ balance CL / SL / DL / EL / Vacation

Leave due to your Credit after this application is \_\_\_\_\_ days.

DATE:



SIGN OF OFFICE CLERK



# Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

## LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P.)

Name of the Employee:- Mr. Pradeep D. Surywade Date: 5/07/2021  
Post:- Tech. Asst.  
Department: Information Tech. Muster Number: 26 Thumb ID: 28220035  
Type of Leave: CL / SL / DL / EL / Vacation / CL from 12/6/21 to 12/6/21 for 01 Day(s).  
Cause of Leave:- child school work Contact No. while on Leave:- 9764024959

### ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	12/6/21	10:00 to 5:00 PM	Daily	work	Mr. Nilesh Pawar	
2						
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

01-CL

SIGN OF APPLICANT

### FOR OFFICE USE

No. of 08 CL / SL / DL / EL / Vacation / CL from 10/6/21 to 09/08/2021 is available as per leave records. Balance CL / SL / DL / EL / Vacation / CL leave due to your credit after this application is 07 days.

DATE: 11/05/2021

SIGN OF OFFICE CLERK

- Above requested 01CL leave/(s) has been sanctioned.
- Out above requested 2 leave (s) has been sanctioned.
- Above requested 2 leave(s) has not been sanctioned.

(Reason for not sanctioning :- \_\_\_\_\_)

PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

HOD/INCHARGE OF DEPT.

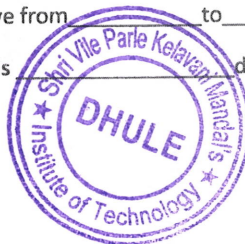
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### TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from \_\_\_\_\_ to \_\_\_\_\_ balance CL / SL / DL / EL / Vacation  
Leave due to your Credit after this application is \_\_\_\_\_ days.

DATE:

SIGN OF OFFICE CLERK





# Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

## LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Name of the Employee:- Mr. Pradeep D. Surwade Date:- 5/7/2021  
Post:- Teach. Asst.  
Department:- Information Tech. Muster Number:- 26 Thumb ID:- 28220035  
Type of Leave:- CL / SL / DL / EL / Vacation / CL from 2/7/2021 to 2/7/2021 for 01 Day(s).  
Cause of Leave:- Personal work Contact No. while on Leave:- 9764024959

### ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	2/7/21	10:00 AM	Daily	work	Mr. Nilesh Pawar	MRD
2		5:00 PM				
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

MRD  
SIGN OF APPLICANT

### FOR OFFICE USE

No. of 07 CL / SL / DL / EL / Vacation / CL from 10/5/2021 to 09/06/2021 is available as per leave records. Balance CL / SL / DL / EL / Vacation / CL leave due to your credit after this application is 06 days.

DATE:- 11/07/2021 SIGN OF OFFICE CLERK

1. Above requested 01 CL leave(s) has been sanctioned.
2. Out above requested 01 CL leave (s) has been sanctioned.
3. Above requested 01 CL leave(s) has not been sanctioned.

(Reason for not sanctioning :- \_\_\_\_\_)

MRD  
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

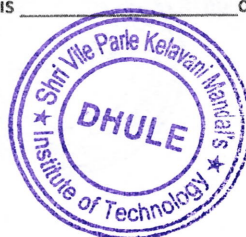
MRD  
HOD/INCHARGE OF DEPT.

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### TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from \_\_\_\_\_ to \_\_\_\_\_ balance CL / SL / DL / EL / Vacation  
Leave due to your Credit after this application is \_\_\_\_\_ days.

DATE:



SIGN OF OFFICE CLERK



# Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

## LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: - 30/08/2021

Name of the Employee:- Tushar Kumar Pawar Mahajan Post:- ATC Clerk

Department: Account Muster Number: \_\_\_\_\_ Thumb ID: 152820032

Type of Leave: - CL / SL / DL / EL / Vacation / DL from 21/8/21 to 31/8/21 for 02 Day(s).

Cause of Leave:- \_\_\_\_\_ Contact No. while on Leave:- 9404751973

### ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1	21/8/21			Dipcus Sangar		Sangar
2	31/8/21			Dipcus Sangar		Sangar
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

1 Day work cut sangar city.

SIGN OF APPLICANT

FOR OFFICE USE

No. of 02 CL / SL / DL / EL / Vacation / DL from 21/8/21 to 31/8/21 is available as per leave records. Balance CL / SL / DL / EL / Vacation / DL leave due to your credit after this application is 02 days.

DATE: - 30/08/21

SIGN OF OFFICE CLERK

- Above requested 02 DL leave(s) has been sanctioned.
- Out above requested — leave (s) -----has been sanctioned.
- Above requested — leave(s) has not been sanctioned.

(Reason for not sanctioning :- \_\_\_\_\_)

Balhar  
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

Patwar  
HOD/INCHARGE OF DEPT.

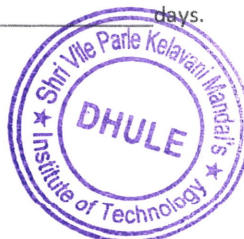
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### TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from \_\_\_\_\_ to \_\_\_\_\_ balance CL / SL / DL / EL / Vacation  
Leave due to your Credit after this application is \_\_\_\_\_ days.

DATE:

SIGN OF OFFICE CLERK





# Shri Vile Parle Kelavani Mandal's INSTITUTE OF TECHNOLOGY, DHULE

## LEAVE APPLICATION

(Leave application form should be submitted to office in prior with signature(s) of authorities before going on leave, otherwise leave will be treated as L.W.P)

Date: - 11/06/2021

Name of the Employee:- Narendra Vishwas Atil Post:- Instructor

Department: mech. work shop Muster Number: \_\_\_\_\_ Thumb ID: 28220007

Type of Leave: - CL / SL / DL / EL / Vacation / DL from 12.06.21 to 12.6.21 for one Day(s).

Cause of Leave:- collection of student Contact No. while on Leave:- 8275518273  
(chopekar)

### ALTERNATIVE ARRANGMENT MADE (For teaching and non-teaching)

S N	Date	Lecture/Practical/Duty Adjustment			Lecture/Practical/Duty Adjusted by	
		Time	Class/Dept.	Subject/Type of work	Name	Sign
1						
2						
3						
4						
5						
6						

Attach separate sheet if required

Kindly consider my application.

01 - DL

[Signature]  
SIGN OF APPLICANT

### FOR OFFICE USE

No. of \_\_\_\_\_ CL / SL / DL / EL / Vacation / DL from 11/06/2021 to 21/06/2021 is available as per leave records. Balance CL / SL / DL / EL / Vacation / DL leave due to your credit after this application is \_\_\_\_\_ days.

DATE: - 11/06/2021 SIGN OF OFFICE CLERK

1. Above requested 01 DL leave(s) has been sanctioned.
2. Out above requested 5 leave (s) has been sanctioned.
3. Above requested \_\_\_\_\_ leave(s) has not been sanctioned.

(Reason for not sanctioning :- \_\_\_\_\_)

[Signature]  
PRINCIPAL

CLERK OR INCHARGE OF DEPT. (For Dept. Record)

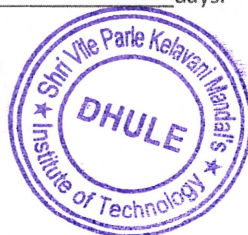
[Signature]  
HOD/INCHARGE OF DEPT.

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### TO BE RETURNED TO THE APPLICANT:

Day Casual/Sick Leave/Earned Leave/Duty Leave from \_\_\_\_\_ to \_\_\_\_\_ balance CL / SL / DL / EL / Vacation  
Leave due to your Credit after this application is \_\_\_\_\_ days.

DATE:



SIGN OF OFFICE CLERK