



GOVERNMENT COLLEGE OF PHYSICAL EDUCATION KOZHIKODE

APPLICATION FOR "ON DUTY/ DUTY LEAVE"

Name of Applicant : _____

Designation : _____

No of Leave Required : _____

Date(s) of Leave : _____

Reason for Leave (Order details) : _____

Signature of applicant with date

FOR OFFICE USE

Remarks of the Head of Office

Signature of the Head of Office

FOR OFFICE USE	
Remarks of the Head of Office	Signature of the Head of Office