



Dakshin Bharat Hindi Prachar Sabha's
DR. B. D. JATTI HOMOEOPATHIC MEDICAL COLLEGE,
HOSPITAL & POST GRADUATE RESEARCH CENTRE
D. C. Compound, DHARWAD.

No. _____ Date : _____

LEAVE APPLICATION

Name _____

Designation _____ Dept. to _____

Leave applied : From _____ to _____

Reason : _____

Leave Balance Available as on date _____

WORK ADJUSTMENT

S.No.	Name of work	Date & Time	Adjusted to	Signature
1.				
2.				
3.				
4.				
5.				
6.				

May be Granted / Rejected

Signature of the HOD

May be Granted / Rejected

Signature of the UG Co-ordinator

May be Granted / Rejected

Signature of the PG Co-ordinator

Signature of Staff

May be Granted / Rejected

Signature of the DMS

Granted / Rejected

Signature of the Principal