



Pravara Rural Education Society's  
**COLLEGE OF PHARMACY, CHINCHOLI**

Tal. Sinnar, Dist. Nashik  
Approved by A.I.C.T.E., New Delhi and  
Affiliated to S.N.D.T. Women's University, Mumbai  
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To  
The Principal  
College of Pharmacy (For Woman),  
Chincholi, Tal: Sinnar, Dist: Nashik

Through, The Head, Department of \_\_\_\_\_

**Name**:-Mr,Mrs,Miss. \_\_\_\_\_

Sub: - Application of CL/ ML/ EL/ LWP/ Coffs./ on duty/ leave.

Respected Sir,

I, the undersigned is working as a \_\_\_\_\_ in the department of \_\_\_\_\_  
(Designation)

I would like to apply for \_\_\_\_\_ days CL/ ML/ EL/ LWP/ Coffs / on duty/ leave  
from...../...../2016. to ...../...../2016 for the  
reasons \_\_\_\_\_

I would like to bring to your kind notice that, as on today, I have availed \_\_\_\_\_ days of  
above mentioned leaves & have \_\_\_\_\_ days balance leaves on my account.

My address for correspondence during above mentioned period shall be as below:

\_\_\_\_\_  
\_\_\_\_\_ Mobile: - \_\_\_\_\_

The responsibility of my lectures duties & additional duties on above dates has been accepted by the  
persons as shown below:-

S. No.	Alternative arrangement	Signature of staff
1		
2		

Therefore I request you to permit me to avail the same.

Thanking you,

Yours faithfully

Recommended for sanction of leave

Self-Signature:- \_\_\_\_\_

Signature of H.O.D. \_\_\_\_\_

Name:- \_\_\_\_\_

Establishment Dept.

Jr. Officer

O.S.

Principal