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# POORNIMA GROUP

Achieving Excellence Together

# E2B

## PERMISSION FOR 5 DAYS STUDY LEAVE

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Emp ID: \_\_\_\_\_

Institute: \_\_\_\_\_ Last Qualification \_\_\_\_\_ Year of Passing \_\_\_\_\_

Qualification for which permission is required: \_\_\_\_\_

Date of Commencement: \_\_\_\_\_ Duration of Course: \_\_\_\_\_

Mode of Education (full time / part time) \_\_\_\_\_

Name of Institution \_\_\_\_\_ City: \_\_\_\_\_

Any other request for permission of study leave :

Signature of Applicant

Remarks, Name & Signature of HOD/ Dean as recommending authority

Remarks & Signature of Approval by Campus Director