



POORNIMA FOUNDATION

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