





**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