

**APPLICATION FORM FOR CASUAL LEAVE**

To,

The Principal,  
Regional Dental College,  
Guwahati-32

Date:

Sir,

I have the honour to request you to grant me Casual Leave on ground on (S) the dates as stated hereunder.

GROUND FOR CASUAL LEAVE	DATES (S)	FULL/ HALF

Yours Faithfully

Signature :

Full Name :

Designation :

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