APPLICATION FORM FOR CASUAL LEAVE

То,		
The Principal,		
Regional Dental College,		Date:
Guwahati-32		Dutc.
<u></u>		
Sir,		
I have the honour to request you to grant	me Casual Leave on grou	nd on (S) the dates as
stated hereunder.		
GROUND FOR CASUAL LEAVE	DATES (S)	FULL/ HALF
<u> </u>		
	Yours Faithfully	
	Signature :	
Full Name :		
	Designation:	
ADDUCATION FORM FOR CACUAL LEAVE		
APPLICATION FORM FOR CASUAL LEAVE		
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