

Santal Bidroha Sardha Satabarshiki Mahavidyalaya

ESTD - 2005



Government Aided, NAAC Accredited College

Affiliated to Vidyasagar University & Recognized by UGC (under 2(f) & 12(B))

P.O: Goaltore, Dist: Paschim Medinipur, PIN - 721128

Phone & Fax: 03227-288063, Email: sbssm_goaltore@rediffmail.com, Website: www.sbssmahavidyalaya.ac.in

Ref:

Date:

On-duty/CCL Leave Application Form

(Put tick which is applicable)

**To
The Principal**

Sir,

Kindly allow me to avail On-duty/ CCL leave from..... to.....
for.....days as:

(i) I have to attend the (event name).....to be held
atfor
.....(The proof for attending the event must be
attached (for beyond the SBSSM campus activity)).

(ii) I had attended the (event name)..... held at
.....for
.....(The proof for attending the event must be
attached (for the SBSSM campus activity)).

Yours sincerely

(Candidate Signature)

Name:

Department:

Date:

Forwarded by:

Convener/HOD:

Signature:

Name:

Approved by:

Principal

Signature:

Name: Dr. Amit Phadikar