

**TRANSFER OF RESPONSIBILITIES DURING LEAVE**

Type of Leave:

Casual (CL)	Academic (AL)	Duty (DL)	Restricted (RH)	Earned (EL)	Any other leave please specify
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	From	To	No. of Days
Prefix			
Leave			
Suffix			

S. N.	Date	Present Charge/ subject available	Charge / subject handed over to	Sign	Remarks, if any

(Please attach separate sheet, if required)

Submitted by:  
 (Name & Sign. of Faculty Member)  
 Designation.....  
 Department ..... PF No.....

Head of Department