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VIDYA PRASARAK MANDAL

Estd. : 1-8-1935

Public Trust Regn. No. F-5(T)

DR. BEDEKAR VIDYA MANDIR, NAUPADA, THANE - 400 602, MAHARASHITRA, INDIA

Ref. : VPM/ \e/h. | 954

Date : 04 | 03 | 2016

To,
I/c. Principal
VPM's Maharshi Parshuram College of Engineering
Velneswar

Sub: Leave for staff members.

Madam,

Following are the Leaves framed for the staff members of our VPM's Maharshi Parshuram College of Engineering. Kindly follow the same.

Faculty & Non-teaching Staff (only Technical Staff)					
Sr No	Employment type	Casual Leave	Medical Leave	Vacation Leave (per Year)	Public Holidays
A	On Pay Scale	8	10	30 (cumulative) i.e. 10 in 1 st semester & 20 in 2 nd Semester	15
B	Not On Pay Scale	12	0	(non-cumulative leave) 10 -i.e.5 per semester (after 1 year of service) 20 -i.e.10 per semester (after 2 years of service)	(as declared by VPM)
Admin., Maintenance & Non-teaching Staff (No Technical Staff)					
Sr No	Employment type	Casual Leave	Medical Leave	Earned Leave (per Year)	Public Holidays
A	On Pay Scale	8	10	30 (cumulative)	15
B	Not On Pay Scale	12	0	10 -i.e.5 per semester (after 1 year of service) 20 -i.e.10 per semester (after 2 years of service)	(as declared by VPM)
Peon & Security Staff					
Sr No	Employment type	Casual Leave	Medical Leave	Earned Leave (per Year)	Public Holidays
A	On Pay Scale	8	10	30 (cumulative)	15
B	Not On Pay Scale	12	0	10 -i.e.5 per semester (after 1 year of service) 20 -i.e.10 per semester (after 2 years of service)	(as declared by VPM)

Note: Those Teachers appearing for Post Graduation or Doctorate studies will get maximum 30 days additional study leave per year. All other Terms of Service Rules are same as per Service Rules framed by the VPM.

Chairman
Vidya Prasarak Mandal, Thane

INWARD
Inward No.....174.....
Date : 08/03/2016

Employee Leave Card

Employee ID: 2129

My name Ms. Gauari C. Kadam.

(Optional for Non-teaching),

Designation / Dept. Teaching Asst./civil

Name of HoD Mr. Shekhar G. Sawant

Date of Joining MPCOE 08/08/2017

Email of HoD hod.civil@vprmpcoe.org

Address for Correspondence _____

Verification done by:

Mobile 1 / Mobile 2 9561446494

Name of Clerk Sushil B. Surve

Email Address gauari.kadam@vprmpcoe.org

Sign [Signature]

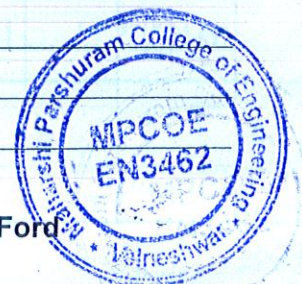
Date _____

Casual Leave (Opening balance = _____)

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Office use only	
					Applicant	HoD (Optional for Non-teaching)	Principal	Balance Leaves	Clerk's Sign
26/08/17	1	26/08/17	26/08/17	Personal	GKadam	[Signature]	[Signature]		[Signature]
28/08/17	2	28/08/17	29/08/17	Personal	GKadam	[Signature]	[Signature]		[Signature]
14/12/17	1	12/12/17	12/12/17	Personal	GKadam	[Signature]	[Signature]	00	[Signature]
30/12/17	1	1/1/18	1/1/18	Personal	GKadam	[Signature]	[Signature]	11	[Signature]
09/02/18	1	12/02/18	12/02/18	Personal	GKadam	[Signature]	[Signature]	10	[Signature]
05/03/18	1	06/03/18	06/03/18	Personal	GKadam	[Signature]	[Signature]	09	[Signature]
15/04/18	1	11/04/18	11/04/18	Personal	GKadam	[Signature]	[Signature]	08	[Signature]
19/05/18	1	26/05/18	26/05/18	Personal	GKadam	[Signature]	[Signature]	07	[Signature]
02/06/18	1	04/06/18	04/06/18	Personal	GKadam	[Signature]	[Signature]	06	[Signature]
30/06/18	1	02/07/18	02/07/18	Personal	GKadam	[Signature]	[Signature]	05	[Signature]
28/08/18	1	27/08/18	27/08/18	Personal	GKadam	[Signature]	[Signature]	04	[Signature]
31/09/18	1	10/09/18	10/09/18	Personal	GKadam	[Signature]	[Signature]	03	[Signature]
12/10/18	1	15/10/18	15/10/18	Personal	GKadam	[Signature]	[Signature]	02	[Signature]
02/11/18	1	10/11/18	10/11/18	Personal	GKadam	[Signature]	[Signature]	01	[Signature]
07/12/18	1	11/12/18	11/12/18	Personal	GKadam	[Signature]	[Signature]	00	[Signature]

Specific remarks, if any, of HoD / Principal

Sign of HoD to be taken -



Record of Extra Duty and Compensatory-off (If called for work on holidays)

From	To	No. of days	Purpose of duty	Initials of		Accumulated Days	C-off (in lieu of)					
				Applicant	Principal		On Date	Bal. days	Applicant's sign	HoD's remarks and sign	Principal's Sign	

Vacation Leave

Total days of vacation: ()
(to be recorded by Clerk)

Date Applied	No. of days	From	To	Initials of			Remaining VL's	Clerk's sign	Remarks
				Applicant	HoD (Optional for Non-teaching)	Principal's			
30/11/18	1	29/11/18	29/11/18	G Kodam	[Signature]	[Signature]	04	[Signature]	
07/12/18	3	25/12/18	27/12/18	G Kodam	[Signature]	[Signature]			

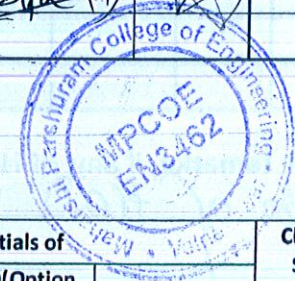
Record of Study Leave Can be granted for curricular work. Max. 30 days/year on submission of valid proof

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Remarks
					Applicant	HoD (Optional for Non-teaching)	Principal	
13/08/18	1	14/08/18	14/08/18	ME admission Confirmation	G Kodam	[Signature]	[Signature]	
28/09/18	1	29/09/18	29/09/18	ME Lecture	G Kodam	[Signature]	[Signature]	
01/10/18	2	04/10/18	5/10/18	unit test 1.ME.	G Kodam	[Signature]	[Signature]	
09/12/18	13	12/12/18	24/12/18	ME Examination	G Kodam	[Signature]	[Signature]	

Leave without pay

Leave without pay

Date applied	No. of days	From	To	Mention specific purpose/ reason	Initials of			Clerk's Sign
					Applicant	HoD(Option al for Non-teaching)	Principal's	
19/07/18	1	17/07/18	17/07/18	ME. Admission Process	G Kodam	[Signature]	[Signature]	
19/10/18	1	16/10/18	16/10/18	Personal	G Kodam	[Signature]	[Signature]	



Employee Leave Card

Employee ID: 2071

My name Shekhar Sawant

(Optional for Non-teaching)

Shekhar Sawant

Designation / Dept. Asst Prof., Civil

Name of HoD

hod.civil@vpmmpce

Date of Joining MPCOE 01st Jan 2015

Email of HoD

.009

Address for Correspondence At Post - Kayastli,
Tal - Aunagar, Ratnagiri

Verification done by:

Name of Clerk Sushil B. Sarke

Mobile 1 / Mobile 2 8652001423 / 9923264622

Sign

[Signature]

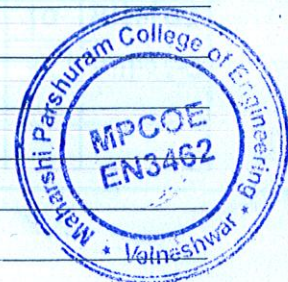
Email Address shekhar.sawant@vpmmpce.009.

Date

Casual Leave

Date applied	No. of days	From	To	Mention specific purpose/reason	Initials of			Office use only	
					Applicant	HoD (Optional for Non-teaching)	Principal	Balance Leaves	Clerk's Sign
15/09/18	01	11/09/2018	-	Personal Reason	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	07/01	<u>[Signature]</u>
13/11/18	01	14/11/2018	-	Personal Reason	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	00	<u>[Signature]</u>

Special Remarks, if any, of HoD / Principal:



Vacation Leave

Total days of vacation: (10)
(to be recorded by Clerk)

Date Applied	No. of days	From	To	Initials of			Remaining VL's	Clerk's sign	Remarks
				Applicant	HoD (Optional for Non-teaching)	Principal's			
07/12/2017	05	08/12/17	12/12/17	[Signature]	[Signature]	[Signature]	05	[Signature]	
23/12/17	02	25/12/17	26/12/17	[Signature]	[Signature]	[Signature]	03	[Signature]	sem I (10)
15/05/18	03	16/05/18	18/05/18	[Signature]	[Signature]	[Signature]	10	[Signature]	
05/06/18	02	01/06/18	02/06/18	[Signature]	[Signature]	[Signature]	8	[Signature]	
07/06/18	01	08/06/18	08/06/18	[Signature]	[Signature]	[Signature]	7	[Signature]	

Record of Study Leave Can be granted for curricular work, Max. 30 days/year on submission of valid proof

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Remarks
					Applicant	HoD (Optional for Non-teaching)	Principal	
08/07/17	01	08/07/17	08/07/17	ME project work	[Signature]	[Signature]	[Signature]	
21/07/17	04	21/07/17	25/07/17	ME project work	[Signature]	[Signature]	[Signature]	
05/10/17	01	06/10/17	-	ME project work	[Signature]	[Signature]	[Signature]	

Leave without pay

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Clerk's Sign
					Applicant	HoD (Optional for Non-teaching)	Principal	
23/11/18	01	23/11/18	23/11/18	Personal work	[Signature]	[Signature]	[Signature]	
20/7/18	01	21/7/18	-	Personal work	[Signature]	[Signature]	[Signature]	cancelled
05/09/18	1 1/2	05/09/18	06/09/18	Personal work	[Signature]	[Signature]	[Signature]	



Employee Leave Card

Employee ID: 2123

My name Ms. Geetanjali A. Sawant (Optional for Non-teaching)

Designation / Dept. Teaching and Civil

Name of HoD Mr. Shekhar G. Sawant

Date of Joining MPCOE 13/2/2017

Email of HoD hod.civil@vpmmpcoe.org

Address for Correspondence _____

Verification done by:

Mobile 1 / Mobile 2 9405573508/7507388974

Name of Clerk Sushil B. Surve

Email Address geetanjali.sawant@vpmmpcoe.org

Sign [Signature]

Date _____

Casual Leave (Carrying balance = _____)

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Office use only	
					Applicant	HoD (Optional for Non-teaching)	Principal	Balance Leaves	Clerk's Sign
16/8/17	03	31/8/17	2/9/17	personal	G.A.Sawant	[Signature]	[Signature]	02	[Signature]
6/12/17	01	7/12/17	7/12/17	Personal	G.A.Sawant	[Signature]	[Signature]	01	[Signature]
18/12/17	01	15/12/17	15/12/17	Personal	G.A.Sawant	[Signature]	[Signature]	00	[Signature]
30/1/18	01	30/1/18	30/1/18	personal	G.A.Sawant	[Signature]	[Signature]	11	[Signature]
05/2/18	01	2/2/18	2/2/18	personal	G.A.Sawant	[Signature]	[Signature]	10	[Signature]
15/3/18	01	17/3/18	17/3/18	personal	G.A.Sawant	[Signature]	[Signature]	09	[Signature]
10/4/18	01	13/4/18	13/4/18	personal	G.A.Sawant	[Signature]	[Signature]	08	[Signature]
17/5/18	01	20/5/18	20/5/18	personal	G.A.Sawant	[Signature]	[Signature]	07	[Signature]
19/6/18	01	18/6/18	18/6/18	personal	G.A.Sawant	[Signature]	[Signature]	06	[Signature]
30/6/18	01	2/7/18	2/7/18	personal	G.A.Sawant	[Signature]	[Signature]	05	[Signature]
8/9/18	01	18/9/18	18/9/18	personal	G.A.Sawant	[Signature]	[Signature]	04	[Signature]
21/9/18	01	19/9/18	19/9/18	personal	G.A.Sawant	[Signature]	[Signature]	05	[Signature]
1/10/18	01	27/10/18	27/10/18	personal	G.A.Sawant	[Signature]	[Signature]	04	[Signature]
2/11/18	01	10/11/18	10/11/18	personal	G.A.Sawant	[Signature]	[Signature]	03	[Signature]
27/12/18	01	11/12/18	11/12/18	personal	G.A.Sawant	[Signature]	[Signature]	01	[Signature]

Specific remarks, if any, of HoD / Principal



Whether you think you can, or you think you cannot – you are right. - Henry Ford

Record of Extra Duty and Compensatory-off (If called for work on holidays)

From	To	No. of days	Purpose of duty	Initials of		Accumulated Days	C-off (in lieu of)				
				Applicant	Principal		On Date	Bal. days	Applicant's sign	HoD's remarks and sign	Principal's Sign
5/11/17	5/11/17	1	chiplun - CET-JEE	Ms. G.A. Sarda	[Signature]	01	28/11/17	0	[Signature]	[Signature]	[Signature]
12/11/17	12/11/17	1	Tati - CET-JEE	G.A. Sarda	[Signature]	01	30/11/17	0	[Signature]	[Signature]	[Signature]
26/11/17	26/11/17	1	chiplun - CET-JEE	G.A. Sarda	[Signature]	01	01/11/17	0	[Signature]	[Signature]	[Signature]

Vacation Leave

Total days of vacation: ()
(to be recorded by Clerk)

Date Applied	No. of days	From	To	Initials of			Remaining VL's	Clerk's sign	Remarks
				Applicant	HoD (Optional for Non-teaching)	Principal's			
17/5/18	05	21/5/18	25/5/18	[Signature]	[Signature]	[Signature]	00	[Signature]	Sem. II Nil
07/12/17	04	24/12/17	27/12/17	[Signature]	[Signature]	[Signature]			

Record of Study Leave Can be granted for curricular work. Max. 30 days/year on submission of valid proof

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Remarks
					Applicant	HoD (Optional for Non-teaching)	Principal	
13/8/18	01	14/8/18	14/8/18	ME admission - con temp	[Signature]	[Signature]	[Signature]	
28/9/18	01	29/9/18	29/9/18	ME lecture	[Signature]	[Signature]	[Signature]	
01/10/18	02	4/10/18	5/10/18	unit - test (I) ME	[Signature]	[Signature]	[Signature]	
07/12/18	12	12/12/18	23/12/18	ME-Insem exam	[Signature]	[Signature]	[Signature]	

Leave without pay

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Clerk's Sign
					Applicant	HoD (Optional for Non-teaching)	Principal	
29/12/17	1/2	30/12/17	30/12/17	personal	[Signature]	[Signature]	[Signature]	[Signature]
19/1/18	1	19/1/18	19/1/18	personal	G.A. Sarda	[Signature]	[Signature]	[Signature]
12/2/18	1/2	12/2/18	12/2/18	personal	[Signature]	[Signature]	[Signature]	[Signature]
15/3/18	1	16/3/18	16/3/18	personal	[Signature]	[Signature]	[Signature]	[Signature]
17/4/18	2	11/4/18	12/4/18	personal	[Signature]	[Signature]	[Signature]	[Signature]
23/4/18	1	24/4/18	24/4/18	personal	[Signature]	[Signature]	[Signature]	[Signature]
30/7/18	2	3/7/18	4/7/18	personal	[Signature]	[Signature]	[Signature]	[Signature]
10/7/18	1	11/7/18	11/7/18	personal	[Signature]	[Signature]	[Signature]	[Signature]

The mind is its own place, and in itself can make a heaven of hell, a hell of heaven. **John Milton**
 21/9/18 | 01 | 20/9/18 | 20/9/18 | personal | [Signature] | [Signature]

Employee Leave Card

Employee ID: 2066

My name Mr. Yogesh Kaldare

(Optional for Non-teaching)

Designation / Dept. Tech. Asst/ Electrical

Name of HoD Mr. Satish Gharpade

Email of HoD satish.gharpade@vpmmpcoe.org

Date of Joining MPCOE 01/08/2014

Address for Correspondence _____

Verification done by:

Mobile 1 / Mobile 2 9975170817

Name of Clerk Sushil Surve

Sign [Signature]

Email Address yogesh.kaldare@vpmmpcoe.org

Date _____

Casual Leave

Date applied	No. of days	From	To	Mention specific purpose/reason	Initials of			Office use only	
					Applicant	HoD (Optional for Non-teaching)	Principal	Balance Leaves	Clerk's Sign
2/11/18	01	19/11/18	19/11/18	Personal medical reason	[Signature]	[Signature]	[Signature]	02	[Signature]
22/11/18	01	24/11/18	24/11/18	ME Project work	[Signature]	[Signature]	[Signature]	01	Cancelled
28/11/18	01	30/11/18	30/11/18	Personal	[Signature]	[Signature]	[Signature]	01	[Signature]
17/12/18	2	31/12/18	1/1/19	Personal	[Signature]	[Signature]	[Signature]	0-00	[Signature]

Specific remarks, if any, of HoD / Principal

HoD's sign missing on LWP of 31/10/17??



Record of Extra Duty and Compensatory-off (If called for work on holidays)

From	To	No. of days	Purpose of duty	Initials of		Accumulated Days	C-off (in lieu of)				
				Applicant	Principal		On Date	Bal. days	Applicant's sign	HoD's remarks and sign	Principal's Sign
18/11/17	18/11/17	01	Virtual lab duty	WFS	[Signature]	01	20/11/17		WFS	[Signature]	[Signature]
17/9/17	17/9/17	01	CET JEE duty at Chiplun	WFS	[Signature]	01	8/12/17	02	WFS	[Signature]	
1/10/17	1/10/17	01	CET JEE duty at Chiplun	WFS	[Signature]	01	9/12/17	01	WFS	[Signature]	
5/11/17	5/11/17	01	CET JEE duty at Tal	WFS	[Signature]	01	25/12/17	00	WFS	[Signature]	
22/4/18	22/4/18	01	CET duty at Kherd	WFS	[Signature]	01	14/5/18	01	WFS	[Signature]	
29/4/18	29/4/18	01	CET duty at Chiplun	WFS	[Signature]	01	15/5/18	00	WFS	[Signature]	
							15				

Vacation Leave

Total days of vacation: (10)
(to be recorded by Clerk)

Date Applied	No. of days	From	To	Initials of			Remaining VL's	Clerk's sign	Remarks
				Applicant	HoD (Optional for Non-teaching)	Principal's			
30/10/17	05	11/12/17	15/12/17	Mr. Katarde	[Signature]	[Signature]	05	[Signature]	
1/1/17	05	26/12/17	30/12/17	WFS	[Signature]	[Signature]	00	[Signature]	
	05	4/6/18	8/6/18	WFS	[Signature]	[Signature]	05	[Signature]	
	05	18/6/18	22/6/18	WFS	[Signature]	[Signature]	00	[Signature]	
2/11/18	05	13/11/18	17/11/18	WFS	[Signature]	[Signature]	05	[Signature]	Dates changed
2/11/18	05	12/11/18	17/11/18	WFS	[Signature]	[Signature]	00	[Signature]	

Record of Study Leave Can be granted for curricular work, Max. 30 days/year on submission of valid proof

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Remarks
					Applicant	HoD (Optional for Non-teaching)	Principal	
7/8/17	01	8/8/17	8/8/17	ME work at YTIET, Kanjat	Mr. Katarde	[Signature]	[Signature]	
13/9/17	01	14/9/17	14/9/17	ME work at YTIET Kanjat	Mr. Katarde	[Signature]	[Signature]	
19/9/17	02	20/9/17	21/9/17	ME SPI topic Seminar	Mr. Katarde	[Signature]	[Signature]	
6/10/17	01	9/10/17	9/10/17	ME work at Kanjat	Mr. Katarde	[Signature]	[Signature]	
30/11/17	02	4/12/17	5/12/17	ME Exam & training at Vashi	Mr. Katarde	[Signature]	[Signature]	
15/2/18	01	12/2/18	12/2/18	ME work at Kanjat	WFS			for [Signature]

Leave without pay

Date applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Clerk's Sign
					Applicant	HoD (Optional for Non-teaching)	Principal's	
10/11/18	1/2	10/11/18	10/11/18	medical reason	WFS	for [Signature]	[Signature]	
5/12/18	1/2	5/12/18	5/12/18	medical reason	WFS	for [Signature]	[Signature]	
10/12/18	1	13/12/18	13/12/18	medical reason	WFS	[Signature]	[Signature]	



Record of Extra Duty and Compensatory-off (If called for work on holidays)

From	To	No. of days	Purpose of duty	Initials of		Accumulated Days	C-off (in lieu of)				
				Applicant	Principal		On Date	Bal. days	Applicant's sign	HoD's remarks and sign	Principal's Sign
18/11/17	18/11/17	01	Virtual lab duty	WJS	[Signature]	01	20/11/17		WJS	[Signature]	[Signature]
17/9/17	17/9/17	01	CET JEE duty at Chiplun	WJS	[Signature]	01	8/12/17	02	WJS	[Signature]	
1/10/17	1/10/17	01	CET JEE duty at Chiplun	WJS	[Signature]	01	9/12/17	01	WJS	[Signature]	
5/11/17	5/11/17	01	CET JEE duty at Tal	WJS	[Signature]	01	25/12/17	00	WJS	[Signature]	
22/4/18	22/4/18	01	CET duty at Kneel	WJS	[Signature]	01	14/5/18	01	WJS	[Signature]	
29/4/18	29/4/18	01	CET duty at Chiplun	WJS	[Signature]	01	15/5/18	00	WJS	[Signature]	
							15				

Vacation Leave

Total days of vacation: (10)
(to be recorded by Clerk)

Date Applied	No. of days	From	To	Initials of			Remaining VL's	Clerk's sign	Remarks
				Applicant	HoD (Optional for Non-teaching)	Principal's			
30/10/17	05	11/12/17	15/12/17	Mr. Kardore	[Signature]	[Signature]	05	[Signature]	
1/1/17	05	26/12/17	30/12/17	WJS	[Signature]	[Signature]	00	[Signature]	
	05	4/6/18	8/6/18	WJS	[Signature]	[Signature]	05	[Signature]	
	05	18/6/18	22/6/18	WJS	[Signature]	[Signature]	00	[Signature]	
2/11/18	05	13/11/18	17/11/18	WJS	[Signature]	[Signature]	05	[Signature]	Dates changed
2/11/18	05	12/11/18	17/11/18	WJS	[Signature]	[Signature]	00	[Signature]	

Record of Study Leave (can be granted for curricular work. Max 30 days/year on submission of valid proof)

Date applied	No. of days	From	To	Mention specific purpose/ reason	Initials of			Remarks
					Applicant	HoD (Optional for Non-teaching)	Principal's	
17/4/18	01	18/4/18	18/4/18	ME Project work	WJS Kardore	[Signature]	[Signature]	
18/5/18	01	18/5/18	18/5/18	ME Project work	WJS	[Signature]	[Signature]	
22/5/18	01	26/5/18	26/5/18	ME Project work	WJS	[Signature]	[Signature]	
10/12/18	01	17/12/18	17/12/18	ME work	WJS	[Signature]	[Signature]	

Leave without pay

Date applied	No. of days	From	To	Mention specific purpose/ reason	Initials of			Clerk's Sign
					Applicant	HoD (Optional for Non-teaching)	Principal's	
10/11/18	1/2	10/11/18	10/11/18	medical reason	WJS	for PWD	[Signature]	
5/12/18	1/2	5/12/18	5/12/18	medical reason	WJS	for PWD	[Signature]	
10/12/18	1	13/12/18	13/12/18	medical reason	WJS	[Signature]	[Signature]	



Employee Leave Card

Employee ID: 3003

My name Mrs. Priti Sathe-Bhole

(Optional for Non-teaching)

Designation / Dept. Tech. Asst. / Electrical

Name of HoD Mr. Satish Ghopade

Date of Joining MPCOE 01/07/2014

Email of HoD satish.ghopade@vponmpcoe.org

Address for Correspondence _____

Verification done by:

Mobile 1 / Mobile 2 9405356472 / 8976978472

Name of Clerk Sushil B. Surve

Email Address priti.sathe@vponmpcoe.org

Sign [Signature]

Date _____

Casual Leave (Opening balance = _____)

Date	No. of	From	To	Mention specific	Initials of	Office use only
------	--------	------	----	------------------	-------------	-----------------

Casual Leave (Opening balance _____)

Date applied	No. of days	From	To	Mention specific purpose/reason	Initials of			Office use only	
					Applicant	HoD (Optional for Non-teaching)	Principal	Balance Leaves	Clerk's Sign
19/9/18	1	18/9/18	18/9/18	Medical	[Signature]	[Signature]	[Signature]	3 1/2	[Signature]
18/10/18	1	20/10/18	20/10/18	medical	[Signature]	[Signature]	[Signature]	2 1/2	
19/10/18	1/2	19/10/18	19/10/18	Personal	[Signature]	[Signature]	[Signature]	02	
2/11/18	1	10/11/18	10/11/18	Personal/medical	[Signature]	[Signature]	[Signature]	01	
12/11/18	1	16/11/18	16/11/18	Personal	[Signature]	[Signature]	[Signature]	00	

Specific remarks, if any, of HoD / Principal



Whether you think you can, or you think you cannot – you are right. - Henry Ford

Record of Extra Duty and Compensatory-off (If called for work on holidays)

From	To	No. of days	Purpose of duty	Initials of		Accumulated Days	C-off (in lieu of)					
				Applicant	Principal		On Date	Bal. days	Applicant's sign	HoD's remarks and sign	Principal's Sign	
dd/mm/yy	dd/mm/yy						dd/mm/yy					

Vacation Leave

Total days of vacation: (10)
(to be recorded by Clerk)

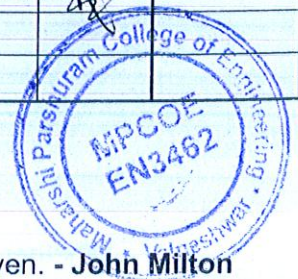
Date Applied	No. of days	From	To	Initials of			Remaining VL's	Clerk's sign	Remarks
				Applicant	HoD (Optional for Non-teaching)	Principal's			
31/10/17	05	27/11/17	1/12/17	<i>Bathe</i>	<i>Agarwal</i>	<i>[Signature]</i>	05	<i>[Signature]</i>	SEM I 2017
31/10/2017	05	25/12/17	29/12/17	<i>Bathe</i>	<i>Agarwal</i>	<i>[Signature]</i>	00	<i>[Signature]</i>	Nil
04/05/18	05	11/6/18	15/6/18	<i>Bathe</i>	<i>Agarwal</i>	<i>[Signature]</i>	05	<i>[Signature]</i>	
04/05/18	05	26/6/18	30/6/18	<i>Bathe</i>	<i>Agarwal</i>	<i>[Signature]</i>	00	<i>[Signature]</i>	Nil
21/11/18	06	19/11/18	24/11/18	<i>Bathe</i>	<i>Agarwal</i>	<i>[Signature]</i>	06	<i>[Signature]</i>	-
21/11/18	04	26/11/18	29/11/18	<i>Bathe</i>	<i>Agarwal</i>	<i>[Signature]</i>	00	<i>[Signature]</i>	Nil

Record of Study Leave Can be granted for curricular work, Max. 30 days / year on submission of valid proof.

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Remarks
					Applicant	HoD (Optional for Non-teaching)	Principal	
7/8/17	1	8/8/17	8/8/17	ME	<i>Bathe</i>	<i>Agarwal</i>	<i>[Signature]</i>	
19/9/17	1	20/9/17	20/9/17	ME	<i>Bathe</i>	<i>Agarwal</i>	<i>[Signature]</i>	
20/11/18	1	21/11/18	21/11/18	ME	Bathe	Agarwal	[Signature]	Cancelled
15/5/18	2	17/5/18	18/5/18	ME	<i>Bathe</i>	<i>Agarwal</i>	<i>[Signature]</i>	

Leave without pay

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Clerk's Sign
					Applicant	HoD (Optional for Non-teaching)	Principal	
24/7/17	Y2	24/7/17	24/7/17	Medical reason	<i>Bathe</i>	<i>Agarwal</i>	<i>[Signature]</i>	
16/2/18	Y2	16/2/18	16/2/18	Medical Reason	<i>Bathe</i>	<i>Agarwal</i>	<i>[Signature]</i>	
23/6/18	1	23/6/18	23/6/18	Medical Reason	<i>Bathe</i>	<i>Agarwal</i>	<i>[Signature]</i>	



Employee Leave Card

Employee ID: 3004

My name Mrs. Ramadeni Rudra

(Optional for Non-teaching)

Designation / Dept. Tech Asst. / Electrical

Name of HoD Mr. Satish Ghopade

Date of Joining MPCOE 03/07/2014

Email of HoD Satish.ghopade@vprmpcoe.org

Address for Correspondence _____

Verification done by:

Mobile 1 / Mobile 2 9403461807

Name of Clerk Sushil B. Senne

Email Address ramadeni.rudra@vprmpcoe.org

Sign [Signature]

Date _____

Casual Leave (Opening balance =)

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Office use only		
					Applicant	HoD (Optional for Non-teaching)	Principal	Balance Leaves	Clerk's Sign	
01/08/17	01	04/08/17	04/08/17	Rituals	[Signature]	[Signature]	[Signature]	5	[Signature]	Till July
04/08/2017	04	05/10/17	10/10/17	Personal & M.Tech	[Signature]	[Signature]	[Signature]	2	[Signature]	sep
25/10/2017	02	28/10/17 & 1/11/17		Travelling for M.Tech	[Signature]	[Signature]	[Signature]	01	[Signature]	Oct
18/10/2017	01	13/12/17	13/12/17	Personal.	[Signature]	[Signature]	[Signature]			
19/10/2017	1/2	19/12/17	19/12/17	Personal	[Signature]	[Signature]	[Signature]	1 1/2	[Signature]	Till Dec
8/02/2018	01	5/01/18	5/1/2018	Sick	[Signature]	[Signature]	[Signature]	11	[Signature]	
19/02/2018	01	19/02/18	19/02/18	Sick	[Signature]	[Signature]	[Signature]	10	[Signature]	
5/3/18	01	5/3/18	5/3/18	Personal	[Signature]	[Signature]	[Signature]	09	[Signature]	
27/4/18	01	30/4/18	30/4/18	Personal	[Signature]	[Signature]	[Signature]	08	[Signature]	
26/5/18	01	26/5/18	26/5/18	Health issue	[Signature]	[Signature]	[Signature]	04	[Signature]	
7/7/18	01	7/7/18	7/7/18	Personal	[Signature]	[Signature]	[Signature]	06	[Signature]	
4/8/18	01	4/8/18	4/8/18	Personal	[Signature]	[Signature]	[Signature]	05	[Signature]	
23/8/18	1/2	24/8/18	24/8/18	Personal	[Signature]	[Signature]	[Signature]	4 1/2	[Signature]	
1/9/18	01	01/9/18	1/9/18	Medical	[Signature]	[Signature]	[Signature]	3 1/2	[Signature]	
20/9/18	01	01/10/18	1/10/18	Medical	[Signature]	[Signature]	[Signature]	2 1/2	[Signature]	
26/09/18	01	18/09/18	19/09/18	Medical	[Signature]	[Signature]	[Signature]	0 1/2	[Signature]	
26/10/2018	1/2	26/10/2018	26/10/2018	Medical	[Signature]	[Signature]	[Signature]	-	[Signature]	
2/11/2018	01	5/11/2018	5/11/2018	Personal	[Signature]	[Signature]	[Signature]	-	[Signature]	

Specific remarks, if any, of HoD / Principal

Kindly bring Attendance proof from authorised person of M.E. Institute

* Kindly bring medical Certificate of 1st October

* Kindly check possibility for CIL bank holiday i.e. 4th & 6th.



Whether you think you can, or you think you cannot – you are right. - Henry Ford

Record of Extra Duty and Compensatory-off (If called for work on holidays)

From	To	No. of days	Purpose of duty	Initials of		Accumulated Days	C-off (in lieu of)				
				Applicant	Principal		On Date	Bal. days	Applicant's sign	HoD's remarks and sign	Principal's Sign
9/4/17	9/4/17	0 1/2	career maga darshan	Mr. Rama deul	[Signature]	0 1/2	5/8/17		[Signature]	[Signature]	[Signature]
4/06/17	4/6/17	0 1/2	Publicity	Mr. Rama deul	[Signature]	0 1/2		00	[Signature]	[Signature]	[Signature]

Vacation Leave

Total days of vacation: ()
(to be recorded by Clerk)

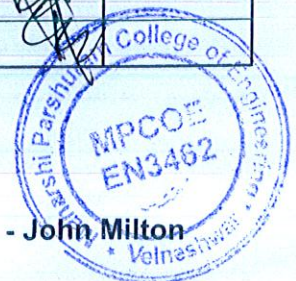
Date Applied	No. of days	From	To	Initials of			Remaining VL's	Clerk's sign	Remarks
				Applicant	HoD (Optional for Non-teaching)	Principal's			
1/12/2017	04	04/12/17	07/12/17	[Signature]	[Signature]	[Signature]	06	[Signature]	
20/12/2017	06	20/12/17	25/12/17	[Signature]	[Signature]	[Signature]	00	[Signature]	NIT
14/05/2018	10	14/05/17	23/05/17	[Signature]	[Signature]	[Signature]	00	[Signature]	
17/11/2018	10	3/12/2018	12/12/2018	[Signature]	[Signature]	[Signature]	00	[Signature]	NIT

Record of Study Leave Can be granted for curricular work. Max. 30 days/year on submission of valid proof

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Remarks
					Applicant	HoD (Optional for Non-teaching)	Principal	
25/10/2017	02	30/10/17	31/10/17	Project guide.	[Signature]	[Signature]	[Signature]	
1/11/2017	04	8/11/17	12/11/17	Project viva exam	[Signature]	[Signature]	[Signature]	

Leave without pay

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Clerk's Sign
					Applicant	HoD (Optional for Non-teaching)	Principal	
5/6/18	02	24/5/18	25/5/18	Health issue	[Signature]	[Signature]	[Signature]	
8/6/18	1/2	9/6/18	9/6/18	Personal	[Signature]	[Signature]	[Signature]	
03/8/18	01	01/08/18	01/8/18	Health issue	[Signature]	[Signature]	[Signature]	
26/9/18	01	20/9/17	20/9/17	Health issue	[Signature]	[Signature]	[Signature]	
29/9/2018		13/12/2018	31/05/2019	Maternity leave	[Signature]	[Signature]	[Signature]	



Employee Leave Card

Employee ID: 2036

My name :- Mr. Satish N. Ghorpade

(Optional for Non-teaching)

Designation / Dept. :- Asst. prof / Electricu

Name of HoD _____

Email of HoD _____

Date of Joining MPCOE :- 20/06/2013

Address for Correspondence _____

Verification done by:

Name of Clerk Sushil B. Surve

Sign _____

Mobile 1 / Mobile 2 :- 9405827462

Date _____

Email Address :- satish.ghorpade@vpmmpcoe.org

Casual Leave (Opening balance =)

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Office use only	
					Applicant	HoD (Optional for Non-teaching)	Principal	Balance Leaves	Clerk's Sign
11/08/17	1/2	11.08.17	-	Medical	gGhorpade			2 1/2	JS June
14.08.17	01	12.08.17	-	Medical	gGhorpade			1 1/2	JS
23.08.17	1/2	23.08.17	-	Bank	gGhorpade			01	JS
14.12.17	1	15.12.17	-	Personal	gGhorpade			03	JS Ti/ Dec
25.12.17	02	29.12.17	30.12.17	-	gGhorpade			01	
02.02.18	07	24.02.18	-	Personal	gGhorpade			8	JS 2018
30.04.18	01	29.04.18	-	Personal	gGhorpade			7	JS
30.04.18	01	26.05.18	-	Relative Marriage	gGhorpade			6	JS
11.05.18	01	26.05.18	-	Personal	gGhorpade			5	JS
09.10.18	01	04.10.18	-	Gap bet ⁿ PhD papers	gGhorpade			4	JS
17.10.18	01	15.10.18	-	Medical	gGhorpade			3	JS
02.11.18	01	10.11.18	-	Personal	gGhorpade			2	JS
23.11.18	02	19.12.18	20.12.18	Personal	gGhorpade	Canceled		0	JS
18.12.18	01	24.12.18	-	Bank work	gGhorpade			01	JS
18.12.18	01	28.12.18	-	Family selection	gGhorpade			00	JS cur tal

Specific remarks, if any, of HoD / Principal

HoD's remarks on the 'Alternative arrangement' sheet (~~the~~ last page of this card) should be taken.



Record of Extra Duty and Compensatory-off (If called for work on holidays)

From	To	No. of days	Purpose of duty	Initials of		Accumulated Days	C-off (in lieu of)				
				Applicant	Principal		On Date	Bal. days	Applicant's sign	HoD's remarks and sign	Principal's Sign
20.08.17		01	Principal Meet	SG		01	31.08.17	Zero	SG		
24.09.17	-	01	Visit to ISRO Jodhpur	SG			13.11.17	Zero	SG		
02.10.17	-	01	IEEE class at RCKM (Khet)	SG		01	13.01.18	Zero	SG		
14.04.18	-	01	24 year graduation	SG		01	04.07.18	Zero	SG		

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Remarks
					Applicant	HoD (Optional for Non-teaching)	Principal	
11.07.18	02	12.07.18	13.07.18	Phd writeup Jodhpur	SG			
23.07.18	01	24.07.18	-	Phd writeup ICTMau	SG			
11.08.18	02	13.08.18	14.08.18	M.E. Result Collect Phd Interview	SG			
10.09.18	02	11.09.18	12.09.18	PhD Admission & VSTI visit	SG			
20.09.18	01	21.09.18	-	PhD lecture	SG			
09.10.18	02	09.10.18	-	Phd Internal test	SG			
17.10.18	01	19.10.18	-	Phd	SG			

Leave without pay

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Clerk's Sign
					Applicant	HoD (Optional for Non-teaching)	Principal	
dd/mm/yy		dd/mm/yy	dd/mm/yy					



Record of Extra Duty and Compensatory-off (If called for work on holidays)

From	To	No. of days	Purpose of duty	Initials of		Accumulated Days	C-off (in lieu of)				
				Applicant	Principal		On Date	Bal. days	Applicant's sign	HoD's remarks and sign	Principal's Sign
20.08.17	20.08.17	01	Principal Meet	SGP		01	31.08.17	Zero	SGP		
24.09.17	-	01	Visit to ISRO Jodhpur	SGP			13.11.17	Zero	SGP		
02.12.17	-	01	EE class at RCKM (Khet)	SGP		01	13.01.18	Zero	SGP		
14.04.18	-	01	24 year graduation	SGP		01	04.07.18	Zero	SGP		

Vacation Leave

Total days of vacation: (15)
(to be recorded by Clerk)

Date Applied	No. of days	From	To	Initials of			Remaining VL's	Clerk's sign	Remarks
				Applicant	HoD (Optional for Non-teaching)	Principal's			
02.02.18	05	06.02.18	10.02.18	SGP			10		
02.02.18	10	14.02.18	23.02.18	SGP			00		Sem I Nil
30.04.18	05	21.05.18	25.05.18	SGP			15		
30.04.18	05	28.05.18	03.06.18	SGP			11		
18.12.18	03	01.01.19	03.01.19	SGP			08		

Record of Study Leave Can be granted for curricular work. Max. 30 days/year on submission of valid proof

Record of Study Leave (can be granted for curricular work. Max 30 days/year on submission of valid proof)

Date applied	No. of days	From	To	Mention specific purpose/ reason	Initials of			Remarks
					Applicant	HoD (Optional for Non-teaching)	Principal's	
2.11.14	01	28.10.18	-	phd tea	SGP			
23.11.14	03	26.11.2011 2.01.12.11	-	phd term work	SGP			
23.11.14	05	05.12.17 12th & 13th December 2018	03,04,05th	Credit Course submission University exam	SGP			
18.12.18	02	19.12.18	20.12.18	Checked ans sheet sign & Meeting with Guide	SGP			

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Employee Leave Card

Employee ID: 3013

My name Mr. Rathnadeep Keer

(Optional for Non-teaching)

Designation / Dept. Tech. Asst./ Electrical

Name of HoD Mr. Satish Ghospade

Date of Joining MPCOE 01/04/2015

Email of HoD satish.ghospade@vpmmpcoe.org

Address for Correspondence _____

Verification done by:

Mobile 1 / Mobile 2 9890 196262

Name of Clerk Sushil B. Surve

Sign [Signature]

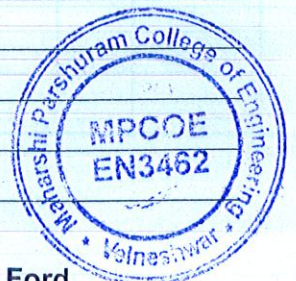
Email Address rathnadeep.keer@vpmmpcoe.org Date _____

Casual Leave (Opening balance =)

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Office use only	
					Applicant	HoD (Optional for Non-teaching)	Principal	Balance Leaves	Clerk's Sign
02/08/17	01	04/8/17	4/8/17	Personal	[Signature]		[Signature]		
1/9/17	01	1/9/17	1/9/17	Personal (Medical)	[Signature]	[Signature]	[Signature]	6 1/2	[Signature]
18/9/17	01	18/9/17	18/9/17	Personal (Medical)	[Signature]	[Signature]	[Signature]	5 1/2	[Signature]
23/10/17	01	23/10/17	23/10/17	Personal (Medical)	[Signature]	[Signature]	[Signature]	04	[Signature]
07/12/17	02	9/12/17	10/12/17	Personal	[Signature]	[Signature]	[Signature]	02	[Signature]
27/1/18	01	27/1/18	27/1/18	Personal (Medical)	[Signature]	[Signature]	[Signature]	11	[Signature]
21/2/18	01	30/2/18	10/2/18	Personal	[Signature]	[Signature]	[Signature]	10	[Signature]
18/3/18	01/2	18/3/18	18/3/18	Personal (Medical)	[Signature]	[Signature]	[Signature]	9 1/2	[Signature]
24/4/18	01	17/4/18	17/4/18	Personal (Medical)	[Signature]	[Signature]	[Signature]	8 1/2	[Signature]
5/5/18	01	7/5/18	7/5/18	Personal	[Signature]	[Signature]	[Signature]	7 1/2	[Signature]
06/8/18	01	4/8/18	4/8/18	Personal	[Signature]	[Signature]	[Signature]	6 1/2	[Signature]
10/9/18	01	11/9/18	11/9/18	Personal	[Signature]	[Signature]	[Signature]	5 1/2	[Signature]
08/10/18	01	10/10/18	10/10/18	Personal	[Signature]	[Signature]	[Signature]	4 1/2	[Signature]
31/10/18	01	2/11/18	2/11/18	Personal (wife check up)	[Signature]		[Signature]		
13/11/18	01	13/11/18	13/11/18	Personal	[Signature]	[Signature]	[Signature]	3 1/2	[Signature]
29/11/18	02	30/11/18	1/12/18	Personal (wife pregnancy check up)	[Signature]	[Signature]	[Signature]	1 1/2	[Signature]
21/12/18	01	22/12/18	22/12/18	Personal	[Signature]	[Signature]	[Signature]	0 1/2	[Signature]

Specific remarks, if any, of HoD / Principal

Kindly update about JSEE task before vacation. Completed



Whether you think you can, or you think you cannot – you are right. - Henry Ford

Record of Extra Duty and Compensatory-off (If called for work on holidays)

From	To	No. of days	Purpose of duty	Initials of		Accumulated Days	C-off (in lieu of)				
				Applicant	Principal		On Date	Bal. days	Applicant's sign	HoD's remarks and sign	Principal's Sign
16/9/17	24/9/17	03	CET/JEE Lectures	<i>PKWS</i>	<i>[Signature]</i>		11 th , 12 th , 13 th Dec 2017		<i>PKWS</i>	<i>[Signature]</i>	<i>[Signature]</i>
23/12/17	23/12/17	01	Virtual Lab Session on 24th Nov 2017	<i>PKWS</i>	<i>[Signature]</i>		25/12/17				
24/11/17	24/11/17	01	Virtual Lab Session on 24 th Nov.	<i>PKWS</i>	<i>[Signature]</i>		23/12/17		<i>PKWS</i>	<i>[Signature]</i>	<i>[Signature]</i>

Vacation Leave

Total days of vacation: ()
(to be recorded by Clerk)

Date Applied	No. of days	From	To	Initials of			Remaining VL's	Clerk's sign	Remarks
				Applicant	HoD (Optional for Non-teaching)	Principal's			
19/12/17	04	24/12/17	27/12/17	<i>PKWS</i>	<i>[Signature]</i>	<i>[Signature]</i>	6	<i>[Signature]</i>	
28/2/18	01	24/2/18	24/2/18	<i>PKWS</i>	<i>[Signature]</i>	<i>[Signature]</i>	5	<i>[Signature]</i>	Sem II to
15/5/18	09	16/5/18	24/5/18	<i>PKWS</i>	<i>[Signature]</i>	<i>[Signature]</i>	6	<i>[Signature]</i>	
28/6/18	02	26/6/18	27/6/18	<i>PKWS</i>	<i>[Signature]</i>	<i>[Signature]</i>	4	<i>[Signature]</i>	
24/12/18	03	24/12/18	26/12/18	<i>PKWS</i>	<i>[Signature]</i>	<i>[Signature]</i>	1	<i>[Signature]</i>	

Record of Study Leave Can be granted for curricular work. Max. 30 days/year on submission of valid proof

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Remarks
					Applicant	HoD (Optional for Non-teaching)	Principal	
14/9/17	01	14/9/17	14/9/17	ME Second year admission at Karjat CIIET	<i>PKWS</i>	<i>[Signature]</i>	<i>[Signature]</i>	
16/11/17	01	16/11/17	16/11/17	ME (Topic seminars)	<i>PKWS</i>	<i>[Signature]</i>	<i>[Signature]</i>	
23/11/17	02	28/11/17	28/11/17	ME (Paper)	<i>PKWS</i>	<i>[Signature]</i>	<i>[Signature]</i>	

Leave without pay

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Clerk's Sign
					Applicant	HoD (Optional for Non-teaching)	Principal	
9/2/18	01	9/2/18	9/2/18	Personal	<i>PKWS</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>



Employee Leave Card

Employee ID: 2063

My name Ms. Bhakti Gangan.

(Optional for Non-teaching)

Designation / Dept. Assist. Prof / EXTC

Name of HoD Mr. Sandeep Diveoli

Date of Joining MPCOE 4 July 2014

Email of HoD 110D.extc@vpmmprcoe.org

Address for Correspondence B-8, Shiv-prasad Society, Poy, Chiplun.

Verification done by:

Mobile 1 / Mobile 2 9561788739

Name of Clerk Sushil B. Surve

Sign [Signature]

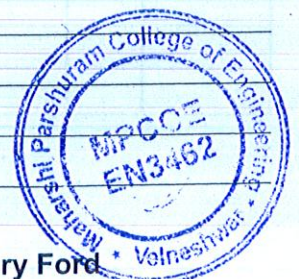
Email Address bhakti.gangan@vpmmprcoe.org

Date _____

Casual Leave (Opening balance = _____)

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Office use only	
					Applicant	HoD (Optional for Non-teaching)	Principal	Balance Leaves	Clerk's Sign
22/07/17	01	24/07/17	24/07/17	Personal	Ms. B.S. Gangan	[Signature]	[Signature]	03	[Signature]
11/09/17	01	09/09/17	09/09/17	Medical/Personal	[Signature]	[Signature]	[Signature]	03	[Signature]
17/10/17	02	24/10/17	24/10/17	Personal	[Signature]	[Signature]	[Signature]	03	[Signature]
27/11/17	1/2	27/11/17	27/11/17	Personal	[Signature]	[Signature]	[Signature]	2 1/2	[Signature]
19/12/17	01	18/12/17	18/12/17	Personal	[Signature]	[Signature]	[Signature]	4 1/2	[Signature]
25/12/17	04	26/12/17	29/12/17	Personal	[Signature]	[Signature]	[Signature]	0 1/2	[Signature]
29/01/18	01	27/01/18	27/01/18	Personal	[Signature]	[Signature]	[Signature]	11	[Signature]
02/02/18	01	05/02/18	05/02/18	Personal	[Signature]	[Signature]	[Signature]	10	[Signature]
16/04/18	02	18/04/18	19/04/18	Personal	[Signature]	[Signature]	[Signature]	08	[Signature]
05/06/18	1/2	12/05/18	12/05/18	Personal	[Signature]	[Signature]	[Signature]	7 1/2	[Signature]
07/07/18	01	05/07/18	05/07/18	Personal	[Signature]	[Signature]	[Signature]	6 1/2	[Signature]
27/08/18	02	29/08/18	30/08/18	Personal	[Signature]	[Signature]	[Signature]	4 1/2	[Signature]
03/09/18	01	01/09/18	01/09/18	Personal	[Signature]	[Signature]	[Signature]	3 1/2	[Signature]
12/09/18	1/2	12/09/18	12/09/18	Personal	[Signature]	[Signature]	[Signature]	3	[Signature]
12/10/18	01	13/10/18	13/10/18	Personal	[Signature]	[Signature]	[Signature]	2	[Signature]
29/10/18	01	20/10/18	20/10/18	Personal	[Signature]	[Signature]	[Signature]	1	[Signature]
16/11/18	01	17/11/18	17/11/18	Personal	[Signature]	[Signature]	[Signature]	00	[Signature]

Specific remarks, if any, of HoD / Principal



Whether you think you can, or you think you cannot – you are right. - Henry Ford

Employee Leave Card

Record of Extra Duty and Compensatory-off (If called for work on holidays)

From	To	No. of days	Purpose of duty	Initials of		Accumulated Days	On Date	Bal. days	C-off (in lieu of)		
				Applicant	Principal				Applicant's sign	HoD's remarks and sign	Principal's Sign
05/07/17	05/07/17	01/2	Publicity.	Ms. B.S. Gangan	Dr. A.M.C.	01	04/06/2017	00	B.S.G.	[Signature]	[Signature]
09/04/17	09/04/17	1/2	Parent Meeting	Ms. B.S. Gangan	Dr. A.M.C.	1/2	05/07/17	00	B.S.G.	[Signature]	[Signature]

Vacation Leave

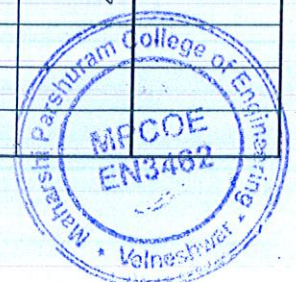
Total days of vacation: ()
(to be recorded by Clerk)

Date Applied	No. of days	From	To	Initials of			Remaining VL's	Clerk's	Remarks
				Applicant	HoD (Optional for Non-teaching)	Principal's			
09/12/17	05	11/12/17	15/12/17	[Signature]	[Signature]	[Signature]			

Date Applied	No. of days	From	To	reason	Applicant	HoD (Optional for Non-teaching)	Principal	Remarks
09/10/17	01	10/10/17	10/10/17	Meeting with Guide	[Signature]	[Signature]	[Signature]	
27/11/17	01	28/11/17	28/11/17	Meeting with Guide	[Signature]	[Signature]	[Signature]	
18/01/18	01	19/01/18	19/01/18	Meeting with Guide	[Signature]	[Signature]	[Signature]	
26/03/18	01	26/03/18	26/03/18	ME Project	[Signature]	[Signature]	[Signature]	
15/05/18	03	16/05/18	18/05/18	ME Project	[Signature]	[Signature]	[Signature]	

Leave without pay

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Clerk's Sign
					Applicant	HoD (Optional for Non-teaching)	Principal	
19/02/18	1/2	16/02/18	16/02/18	Personal	[Signature]	[Signature]	[Signature]	[Signature]



Record of Extra Duty and Compensatory-off (If called for work on holidays)

From	To	No. of days	Purpose of duty	Initials of		Accumulated Days	On Date	Bal. days	C-off (in lieu of)		
				Applicant	Principal				Applicant's sign	HoD's remarks and sign	Principal's Sign
05/07/17	05/07/17	0 1/2	Publicity.	Ms. B.S. Gorgan	Dr. A.M.C.	01	04/6/2017	00	BSS	[Signature]	[Signature]
09/04/17	09/04/17	1 1/2	Parent Meeting	Ms. B.S. Gorgan	Dr. A.M.C.	1 1/2	05/07/17	00	BSS	[Signature]	[Signature]

Vacation Leave

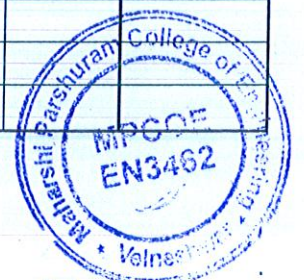
Total days of vacation: ()
(to be recorded by Clerk)

Date Applied	No. of days	From	To	Initials of			Remaining VL's	Clerk's sign	Remarks
				Applicant	HoD (Optional for Non-teaching)	Principal's			
09/12/17	05	11/12/17	15/12/17	Ms. B.S. Gorgan	for [Signature]	[Signature]	05	[Signature]	
09/06/18	04	11/06/18	14/06/18	BSS	[Signature]	[Signature]	01	[Signature]	Sem II (10)
15/06/18	11	18/06/18	29/06/18	BSS	[Signature]	[Signature]	00	[Signature]	
28/11/18	04	24/11/18	27/11/18	BSS	[Signature]	[Signature]	06	[Signature]	
22/12/18	06	22/12/18	29/12/18	BSS	for [Signature]	[Signature]	00	[Signature]	

Record of Study Leave (can be granted for curricular work. Max 30 days/year on submission of valid proof)

Date applied	No. of days	From	To	Mention specific purpose/ reason	Initials of			Remarks
					Applicant	HoD (Optional for Non-teaching)	Principal's	
06/08/18	01	06/08/18	06/08/18	ME Project.	Ms. B.S. Gorgan	[Signature]	[Signature]	
19/09/18	01	05/09/18	05/09/18	ME Project	Ms. B.S. Gorgan	[Signature]	[Signature]	
19/12/18	01	18/12/18	18/12/18	ME Project	[Signature]	Dr. Chumpale	[Signature]	

Date Applied	No. of days	From	To	Mention specific purpose / reason	Initials of			Clerk's Sign
					Applicant	HoD (Optional for Non-teaching)	Principal	
13/02/18	1 1/2	16/02/18	16/02/18	Personal	BSS	[Signature]	[Signature]	[Signature]





Leave Application

Name Dr Shilpa Kamal

Designation Asst Professor Department Asst.

Nature of Leave Casual Leave/Medical Leave/Earned Leave/Vacation Leave/

Compensatory OFF / Study leave &

Period of Leave for two day(s) from 22/4/17 to 24/4/17

(22/24 April 29 April)

Reason COMU - PG Dip. Lecturer at Mumbai

Mobile Number during leave period 7738823999

Application submitted on date 18/4/17

[Signature]

Signature of the Employee

Remarks of the Head of the Department /Admin Officer/Section In-charge

Leave for 03 day(s) may/may not be sanctioned to Dr./Mr./Mrs./Miss shilpa kamal

During the absence of the employee, Dr./Mr./Mrs./Miss. _____

_____ will engage his/ her classes/work/be In-charge of the Section or Department.

[Signature]

Signature of the Employee

Date: 19/04/17

[Signature]
19/04/17

Signature of HoD/Admin Officer/Section In-charge

REMARKS OF ESTABLISHMENT SECTION

1. Leave Balance : CL 1 1/2 SPL 04 VL 30 day (s)

2. Leave Sanctioned : _____ day (s)

4. Leave in balance if this Application is granted : _____ day(s)

Signature of Establishment In-charge

Leave for _____ day (s) sanctioned/ not sanctioned and L.W.P. for _____ days from _____ to _____



[Signature]
Principal
19/4/17



Leave Application

Name Dr shulpa Kamat
 Designation Asst profess Department Ash
 Nature of Leave Casual Leave/Medical Leave/Earned Leave/Vacation Leave/
Compensatory OFF
 Period of Leave for 08 day(s) from 05/04/2017 to 12/04/2017
 Reason PG world exhibition at GMSU-
 Mobile Number during leave period 7738623999
 Application submitted on date 04/04/17

(Signature)

Signature of the Employee

Remarks of the Head of the Department /Admin Officer/Section In-charge

Leave for 07 day(s) may/may not be sanctioned to Dr./Mr./Mrs./Miss shulpa Kamat

During the absence of the employee, Dr./Mr./Mrs./Miss _____
 _____ will engage his/ her classes/work/be
 In-charge of the Section or Department.

(Signature)

Signature of the Employee

Signature of HoD/Admin Officer/Section In-charge

Date: _____

REMARKS OF ESTABLISHMENT SECTION

- 1. Leave Balance ML 9 VL 18 SP4 CL 1/2 day (s)
- 2. Leave Sanctioned : _____ day (s)
- 4. Leave in balance if this
 Application is granted : _____ day(s)

Signature of Establishment In-charge

Leave for _____ day (s) sanctioned/ not sanctioned and L.W.P. for _____
 days from _____ to _____

(Signature)

Principal



07/04/17



Leave Application

Name Poiti R Sathe
 Designation Teaching Assistant Department Electrical
 Nature of Leave Casual Leave/Medical Leave/Earned Leave/Vacation Leave/
Compensatory OFF SPL
 Period of Leave for 01 day(s) from 3/4/17 to 3/4/17
 Reason ME
 Mobile Number during leave period 8975978472
 Application submitted on date 4/4/17

Poiti Sathe
 Signature of the Employee

Remarks of the Head of the Department / Admin Officer/ Section In-charge
 Leave for 1 day(s) may/may not be sanctioned to Dr./Mr./M/s./Miss
Poiti Sathe
 During the absence of the employee, Dr./Mr./M/s./Miss Neha Agashe
 will engage his/ her classes/work/be
 In-charge of the Section or Department.

Poiti Sathe
 Signature of the Employee
 Date: 4/4/17

Agashe for
 Signature of HoD/Admin Officer/Section In-charge

REMARKS OF ESTABLISHMENT SECTION

1. Leave Balance : SPL 23 day (s)
 2. Leave Sanctioned : 01 day (s)
 4. Leave in balance if this
 Application is granted : 22 day(s)

Agashe
 Signature of Establishment In-charge

Leave for 01 day (s) sanctioned/ not sanctioned and L.W.P. for
 days from 03/04/17 to 03/04/17



Agashe
 Principal
04/04/17