

Staff

TRINITY COLLEGE FOR WOMEN

(ARTS AND SCIENCE)

NAMAKKAL - 637002.

Date:

Principal

LEAVE / PERMISSION /OD FORM

Name Designation			:			
				:		
Department						
Leav	e Date/I	Permission	Time :			
No. of Days availed						
Reas	on		:			
Hour	s Adjus	tments				
	Date	Class	Hour	Staff Name	Signature	
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HOD