

**ANNA UNIVERSITY: DEPARTMENT OF BIOTECHNOLOGY:CHENNAI 25**

**LEAVE APPLICATION FORM**

1.Name :  
2.Designation :  
3.Type of Leave : C.L./R.H./Permission  
4.Date & No of days / hours :  
5.Reason :  
6.Details of substitute arrangement/ :  
Date of make-up classes  
7.Approval of the In-charge :

Date:

SIGNATURE OF THE APPLICANT

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**(FOR OFFICE USE ONLY)**

**HOD**

**LEAVE CREDIT** Days only  
Page Number of Leave Register

Department of Biotechnology  
Anna University: Chennai-25

**SUBMITTED**

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