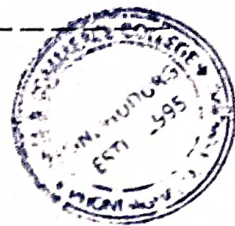


ARTS & COMMERCE COLLEGE PHONDAGHAT

Tal-Kankavli, Dist- Sindhudurg

To,
HON. Principal
Arts & Commerce College, Phondaghat.



Subject :- Application for On Duty Leave / Substitute Leave

Applicant Name :- Vinodsinh Vilasrao Patil

Designation Assistant Prof.

Sir,

I Wish to take on Duty Leave / ~~Substitute Leave~~ for the period from 19/12/2017 To Please grant me leave for the above period.

Day	Date	Particulars regarding previous Duty Leave / Particulars of work
<u>Tuesday</u>	<u>19/12/2017</u>	<u>To attend NAAC National Seminar at ARACS College Vaibhavwadi on 19/12/2017.</u>
		<u>Kindly grant Registration fees 500Rs. and T.A. for the same.</u>

Yours Faithfully,

Patil

Sanctioned / ~~Not Sanctioned~~ Duty Leave / ~~Substitute~~ Leave

form 19/12/2017 To Days.

Date

Patil
PRINCIPAL
Arts & Commerce College Phondaghat
Phondaghat, Tal. Kankavli, Dist. Sindhudurg

Phondaghat Education Society's
ARTS & COMMERCE COLLEGE PHONDAGHAT
 Tal- Kankavli, Dist- Sindhudurg



To,
 HON. Principal
 Arts & Commerce College, Phondaghat.

Subject :- Application for On Duty Leave / Substitute Leave

Applicant Name :- Dr. Taddeo D.B.

Designation Assl. Prof. in History and CTO

Sir,

I Wish to take on Duty Leave / Substitute Leave for the period from 04/02/2021 To 05/02/2021 Please grant me leave for the above period.

Day	Date	Particulars regarding previous Duty Leave / Particulars of work
Two day	04/02/2021 to 05/02/2021	Proceeding for interview at CSYS pune for selection as ANU

(Signature)
 Yours Faithfully,

Sanctioned / Not Sanctioned Duty Leave / Substitute Leave

form 04/02/2021 To 05/02/2021 Days.

Date

(Signature)

(Signature)
PRINCIPAL
 Arts & Commerce College, Phondaghat
 Phondaghat, Tal. Kankavli, Dist. Sindhudurg

Phondaghat Education Society's
ARTS & COMMERCE COLLEGE PHONDAGHAT
Tal- Kankavli, Dist- Sindhudurg



To,
HON. Principal
Arts & Commerce College, Phondaghat.

Subject :- Application for On Duty Leave / ~~Substitute Leave~~

Applicant Name :- Vinadsinh Vilasseao Patil

Designation Assistant Professor

Sir,

I Wish to take on Duty Leave / ~~Substitute Leave~~ for the period from
25/01/2021 To 28/01/2021 Please grant me leave for
the above period.

Day	Date	Particulars regarding previous Duty Leave / Particulars of work
Monday	25/01/2021	To LIC Div. office
Wednesday	27/01/2021	Kolhapur & Archi:
Thursday	28/01/2021	office Kolhapur
		for PES Grant
		Proposal.

Yours Faithfully,

Patil

Sanctioned / Not Sanctioned Duty Leave / Substitute Leave
form 25/01/2021 To 28/01/2021 Days.

Date

95000-2

Principal
Principal,
Arts & Commerce College,
Phondaghat, Tal. Kankavli, Dist. Sindhudurg

Phondaghat Education Society's
ARTS & COMMERCE COLLEGE PHONDAGHAT
 Tal- Kankavli, Dist- Sindhudurg

To,
 HON. Principal
 Arts & Commerce College, Phondaghat.

Subject :- Application for On Duty Leave / Substitute Leave

Applicant Name :- Dr. Taddeo D. B.

Designation Assi. Prof. in History & CTo

Sir,
 I Wish to take on Duty Leave / Substitute Leave for the period from
08/04/2021 To Please grant me leave for
 the above period.

Day	Date	Particulars regarding previous Duty Leave / Particulars of work
Thursday	08/04/2021	NCC office Kolhapur

[Signature]
 Yours Faithfully,

Sanctioned / Not Sanctioned Duty Leave / Substitute Leave

form 08/04/2021 To 08/04/2021 Days.

Date

[Signature]



[Signature]
PRINCIPAL
 Arts & Commerce College Phondaghat
 Phondaghat, Tal. Kankavli, Dist. Sindhudurg

Phondaghat Education Society's
ARTS AND COMMERCE COLLEGE PHONDAGHAT
Tal. Kankavli, Dist. Sindhudurg
APPLICATION FOR CAUSAL LEAVE
(Pre - Sanction is necessary)



- 1) Name :- Dr. Taderao D. B.
2) Designation :- Assi. Prof. in History
3) Period of Causal leave from 15/01/2021
To 16/01/2021 up To _____
(Pre and Post Sunday and permitted to Consume)
4) Reason of Leave :- Personal
5) Adjustment in Leave :- _____

	Name of Teacher	Signature
1st Period	/	
2nd Period		
3rd Period		
4th Period		

Date :- 13/01/2021

[Signature]
Signature of Applicant

Remark of Departmental Head

Shri / Smt. Dr. Taderao D. B.
Have mentioned period _____ leave
Should be granted / ~~not~~ granted. _____
Balance of causal leave _____

[Signature]
Signature of Head clerk

[Signature]
Signature of H. O. D.

Remark of Principal

Above mentioned Teacher & employees leave is granted / is not granted
To, Dr. Taderao D. B.
Shri Dr. Taderao D. B.
your above dated two day/days causal leave is granted / not granted
you should join your duty on dated 18/01/2021 at 7:20 a.m. _____

[Signature]
PRINCIPAL
Arts & Commerce College
Phondaghat, Tal. Kankavli, Dist. Sindhudurg

Phondaghat Education Society's
ARTS AND COMMERCE COLLEGE PHONDAGHAT
Tal. Kankavli, Dist. Sindhudurg
APPLICATION FOR CAUSAL LEAVE
(Pre - Sanction is necessary)



- 1) Name:- Prof. Rane J.P.
2) Designation:- Asst. Prof.
3) Period of Causal leave from 01/10/2020
To _____ up To _____
(Pre and Post Sunday and permitted to Consume)
4) Reason of Leave :- Personal
5) Adjustment in Leave :- _____

	Name of Teacher	Signature
1st Period	<u>Dr. Raibole</u>	
2nd Period	_____	_____
3rd Period	_____	_____
4th Period	_____	_____

Date :- 30/09/2020

Signature of Applicant

Remark of Departmental Head

Shri / ~~smt~~ Prof Rane J.P.
Have mentioned period One day leave
Should be granted / not be granted. _____
Balance of causal leave _____

Signature of Head clerk

Signature of H. O. D.

Remark of Principal

Above mentioned Teacher & employees leave is granted / is not granted

To,
Shri Prof Rane J.P.
your above dated One day / days causal leave is granted / not granted
you should join your duty on dated 03/10/2020 at _____ a.m.

Principal
Arts & Commerce College Phondaghat
Phondaghat, Tal. Kankavli, Dist. Sindhudurg

Phondaghat Education Society's
ARTS AND COMMERCE COLLEGE PHONDAGHAT
Tal. Kankavli, Dist. Sindhudurg
APPLICATION FOR CAUSAL LEAVE
(Pre - Sanction is necessary)



- 1) Name :- Vinodsinh Vilassao Patil
2) Designation :- Assistant Professor
3) Period of Causal leave from 25/08/2021
To _____ up To _____
(Pre and Post Sunday and permitted to Consume)
4) Reason of Leave :- Personal - out of station.
5) Adjustment in Leave :- _____

	Name of Teacher	Signature
1st Period	<u>Prof. Akhade S.M.</u>	<u>Akhade S.M.</u>
2nd Period	_____	_____
3rd Period	_____	_____
4th Period	_____	_____

Date :- 24/08/2021

Vatli
Signature of Applicant

Remark of Departmental Head

Shri / Smt Vinodsinh Vilassao Patil
Have mentioned period one day leave
Should be granted / not be granted. _____
Balance of causal leave _____

S. S. Chitambar
Signature of Head clerk

Akhade S.M.
Signature of H. O. D.

Remark of Principal

Above mentioned Teacher & employees leave is granted / is not granted

To,
Shri Vinodsinh Vilassao Patil
your above dated one day/days causal leave is granted / not granted
you should join your duty on dated 26/08/21 at 9:30 a.m.

[Signature]
Principal
Arts & Commerce College Phondaghat
Arts & Commerce College
Phondaghat, Tal. Kankavli, Dist. Sindhudurg

Phondaghat Education Society's
ARTS AND COMMERCE COLLEGE PHONDAGHAT
Tal. Kankavli, Dist. Sindhudurg

APPLICATION FOR CAUSAL LEAVE

(Pre - Sanction is necessary)



- 1) Name :- Prof. Rachika Milind Sawant
2) Designation :- Assi prof.
3) Period of Causal leave from one day
To 9/9/2021 up To —
(Pre and Post Sunday and permitted to Consume)
4) Reason of Leave :- personnel
5) Adjustment in Leave :- —

	Name of Teacher	Signature
1st Period	<u>Prof. D. D. Satam</u>	<u>D. Satam</u>
2nd Period	<u>Prof. Akhade S. M.</u>	<u>Akhade S. M.</u>
3rd Period	<u>Prof. S. S. Acharekar</u>	<u>S. S. Acharekar</u>
4th Period	<u>Dr. D. D. B. B.</u>	<u>D. D. B. B.</u>

Date :- 20/9/2021

R. M. Sawant
Signature of Applicant

Remark of Departmental Head

Shri / Smt. R. M. Sawant
Have mentioned period one day leave
Should be granted / not be granted. —
Balance of causal leave

R. M. Sawant
Signature of Head clerk

Signature of H. O. D.

Remark of Principal

Above mentioned Teacher & employees leave is granted / is not granted

To, R. M. Sawant

your above dated 9/9/2021 day/days causal leave is granted / not granted
you should join your duty on dated 20/9/2021 at 9 a.m/30

[Signature]
Principal
Arts & Commerce College Phondaghat
Phondaghat, Tal. Kankavli, Dist. Sindhudurg

Phondaghat Education Society's
ARTS & COMMERCE COLLEGE PHONDAGHAT
Tal- Kankavli, Dist- Sindhudurg



APPLICATION FOR LEAVE

(This form is to be used for Earned leave / Half-pay-leave / Half-pay-commuted leave / Leave-Without-pay)

- 1) Name Dr. Vidhya Sharad Modi
2) Designation Librarian Section / Unit.....
3) Nature of Leave and period of Leave required Earned Leave
..... from 04/10/2021 to 06/10/2021
4) Reason for Leave Personal
5) Address during absence of Leave A.P. Phondaghat

Date - 29/09/2021

Dr. Modi
Applicant's Signature

REMARKS OF THE OFFICE

Shri. Dr. Vidhya Sharad Modi may / may not be granted Leave applied for by him.

Shri..... may please be appointed as substitute to hold additional charge of post of / to act at during the period of Leave

Dr. Modi
(Office Superintendent)

NS
PRINCIPAL
Arts & Commerce College
Phondaghat, Tal. Kankavli, Dist. Sindhudurg

REMARKS OF THE ESTABLISHMENT UNIT

Bal. E. L. days.
Bal. H. P. L. days.
Earned Leave for days from to
Commutated Leave for days from to
Half pay Leave for days from to
Loss of pay leave for days from to

may be sanctioned / refused
it is certified that Shri. Dr. Vidhya Sharad Modi
would have continued to officiate as but he / she is proceeding on Leave.

Appointment of Shri to act as hold additional charge of post of / as substitute may please be approved during the said period of leave.

Leave sanctioned / Refused

Dr. Modi
Office Superintendent or Head clerk
NS
PRINCIPAL
Arts & Commerce College
Phondaghat, Tal. Kankavli, Dist. Sindhudurg

Phondaghat Education Society's
ARTS & COMMERCE COLLEGE PHONDAGHAT
Tal-Kankavli, Dist- Sindhudurg



APPLICATION FOR LEAVE

(This form is to be used for Earned leave / Half pay leave / Half pay commuted leave / leave Without pay)

- 1) Name Sayali Suhans Kane
2) Designation Peon Section / Unit Office
3) Nature of Leave and period of Leave required Earned Leave
from 05/04/2021 to 09/04/2021
4) Reason for Leave Personal
5) Address during absence of Leave Vaibhavwadi

Date -

S Kane
Applicant's Signature

REMARKS OF THE OFFICE

Shri. Smt. Sayali Suhans Kane may / may not be granted Leave applied for by him.

Shri. _____ may please be appointed as substitute to hold additional charge of post of / to act at _____ during the period of Leave

S Kane
(Office superintendent)

S Kane
PRINCIPAL
Arts & Commerce College
(Principal)
Phondaghat Tal. Kankavli, Dist. Sindhudurg

REMARKS OF THE ESTABLISHMENT UNIT

Bal. E. L. 110 days.

Bal. H. P. L. _____ days.

Earned Leave for 05 days from 05/04/2021 to 09/04/2021

Commuted Leave for _____ days from _____ to _____

Half pay Leave for _____ days from _____ to _____

Loss of pay leave for _____ days from _____ to _____

may be sanctioned / refused

it is certified that Shri. _____ would have continued to officiate as _____ but he / she is proceeding on Leave.

Appoitment of Shri _____ to act as hold additional charge of post of / as substitute _____ may please be approved during the said period of leave.

Leave sactioned / Refused

S Kane
Office Superintendent or Head clerk

S Kane
PRINCIPAL
Arts & Commerce College
Phondaghat Tal. Kankavli, Dist. Sindhudurg



APPLICATION FOR LEAVE

(This form is to be used for Earned leave / Half pay leave / Half pay commuted leave / Leave without pay)

- 1) Name Deepak Vijay Sawand
- 2) Designation Head Clerk Section/Unit
- 3) Nature of Leave and period of Leave required Earned Leave
..... from 21/10/2020 to 25/10/2020
- 4) Reason for Leave Personal
- 5) Address during absence of Leave

Date - 20/10/2020

Deepak
Applicant's Signature

REMARKS OF THE OFFICE

Shri. Deepak V. Sawand may / may not be granted Leave applied for by him.

Shri. may please be appointed as substitute to hold additional charge of post of / to act at during the period of Leave

Deepak
(Office Superintendent)

.....
(Principal)

REMARKS OF THE ESTABLISHMENT UNIT

Bal. E. L. days,
Bal. H. P. L. days,
Earned Leave for 02 days from 21/10/20 to 25/10/20
Commutated Leave for day from to
Half pay Leave for days from to
Loss of pay leave for days from to
may be sanctioned / refused

it is certified that Shri. would have continued to officiate as but he / she is proceeding on Leave

Appointment of Shri. to act as hold additional charge of post of / as substitute may please be approved during the said period of leave.

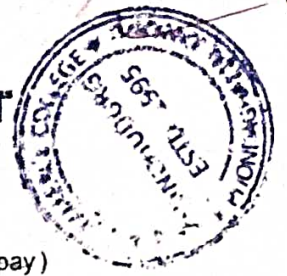
Leave sanctioned / Refused

Deepak Office Superintendent or Head Clerk
Alan PRINCIPAL
Arts & Commerce College
Phondaghat, Tal. Kankavli, Dist. Sindhudurg

Phondaghat Education Society's
ARTS & COMMERCE COLLEGE PHONDAGHAT

Tal-Kankavli, Dist- Sindhudurg

APPLICATION FOR LEAVE



(This form is to be used for Earned leave / Half pay leave / Half pay commuted leave / leave Without pay)

- 1) Name Vinodsinh Vilasseao Patil
2) Designation Assistant Professor Section / Unit.....
3) Nature of Leave and period of Leave required Half Pay Leave on
medical from 08/03/2021 to 27/03/2021
4) Reason for Leave Medical
5) Address during absence of Leave AP - Kolhapur -

Date - 30/03/2021

Patil
Applicant's Signature

REMARKS OF THE OFFICE

Shri. Vinodsinh Vilasseao Patil may / may not be granted Leave applied for by him.

Shri..... may please be appointed as substitute to hold additional charge of post of / to act at during the period of Leave

QSCAC-2
(Office superintendent)

PRINCIPAL
Arts & Commerce College
Phondaghat, Tal. Kankavli, Dist. Sindhudurg

REMARKS OF THE ESTABLISHMENT UNIT

Bal. E. L..... days.
Bal. H. P. L..... days.
Earned Leave for..... ays from..... to.....
Commuted Leave for no..... dasy from 08/03/21 to 27/03/2021
Half pay Leave for days from to
Loss of pay leave for days from to
may be sanctioned / refused
it is certified that Shri.....
would have continued to officiate as..... but he / she is proceeding on Leave.
Appoiement of Shri to act as hold additional charge of post of / as substitute may please be approved during the said period of leave.
Leave sactioned / Refused

QSCAC
Office Superintendent or Head clerk
PRINCIPAL
Arts & Commerce College
Phondaghat, Tal. Kankavli, Dist. Sindhudurg

Phondaghat Education Society's
ARTS & COMMERCE COLLEGE PHONDAGHAT

Tal- Kankavli, Dist- Sindhudurg

APPLICATION FOR LEAVE



(This form is to be used for ~~Earned leave / Half pay leave / Half pay commuted leave / leave Without pay~~)

- 1) Name Dr. Vidhya Sharad Modi
2) Designation Librarian Section / Unit.....
3) Nature of Leave and period of Leave required Half Pay Commuted Leave
..... from 20/09/2021 to 26/09/2021
4) Reason for Leave Suffering from fever
5) Address during absence of Leave A/p. Phondaghat

Date - 27/09/2021

Smruti
Applicant's Signature

REMARKS OF THE OFFICE

Shri Dr. Vidhya Sharad Modi may / may not be granted Leave
applied for by him.

Shri..... may please be appointed as substitute
to hold additional charge of post of / to act at during the period of Leave

Scalia
.....
(Office superintendent)
28/09/2021

NS
.....
Principal
Arts & Commerce College
Phondaghat, Tal. Kankavli, Dist. Sindhudurg

REMARKS OF THE ESTABLISHMENT UNIT

Bal. E. L.....days.
Bal. H. P. L.....days.
Earned Leave for.....ays from.....to.....
Commutated Leave for.....dasy from.....to.....
Half pay Leave for.....days from.....to.....
Loss of pay leave for..... days from.....to.....
may be sanctioned / refused
it is certified that Shri Dr. Vidhya Sharad Modi
would have continued to officiate as.....but he / she is proceeding on Leave.
Appoiement of Shrito act as hold additional
charge of post of / as substitutemay please be approved during the
said period of leave.
Leave sactioned / Refused

NS
.....
Principal
Office Superintendent or Head clerk Arts & Commerce College
Phondaghat, Tal. Kankavli, Dist. Sindhudurg