	P.A.C. RAMASAMY RAJA **PRIVATE INDUSTRIAL TRAINING INSTITUTE** **GOVINDAPURAM,ARIYALUR-621713** ◯ LEAVE ◯ PERMISSION ◯ ON DUTY
Form Submitted Date	
Name of the Staff Member	
Designation	Mobile No:
Purpose/Reason for Leave/Permission/On Duty	
Date/Time for Leave/Permission/On Duty	From: To: No of Day/Hour:
Deputed Staff Name &Signature	
Staff Signature **TO** **Principal**	
REMARKS	

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