



V.D. (VARUN DHAKA) INSTITUTE OF TECHNOLOGY

Recognized by : NATIONAL COUNCIL FOR TEACHER EDUCATION (NCTE)
Affiliated to : GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY, DELHI
Krishan Vihar, Near Sector-20, Rohini, New Delhi-110086
Tel. : 8882523711, 9810858750 | E-mail : vditrd@yahoo.com

Ref. No.

Dated :

LEAVE APPLICATION FORM FOR STAFF

To,
The Chairman / Principal,
V.D. (VARUN DHAKA) INSTITUTE OF TECHNOLOGY,
Krishan Vihar, New Delhi – 110086.

Dated: 12/09/2025

Sub: An Application for Practical Exam Leave.

Sir / Madam,

With respect, this is to inform you that I am unable to attend the institute from 12/09/2025 to 14/09/2025 due to Further Study of M.A.

Kindly grant me leave for Three days. and oblige a lot.

Thanking You,

Yours Truly,

Signature: _____

Name: Ashalata bedant

Designation: Assistant Professor

Department: Education

FOR OFFICE USE ONLY

Leave Request of Mr. / Mrs. / Ms. Ashalata bedant

From: 12/09/2025 To: 14/09/2025

Reason: Practical Exam.

Status: ☒ Approved ☐ Rejected



Sanctioning Authority / Principal Signature



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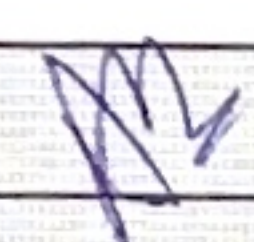
UNDERTAKING

(Undertaking for evidence of grant of study leave with full pay)

To be filled by Faculty Only

I, Ashalata bedant, Assistant Professor of V.D. (VARUN DHAKA) INSTITUTE OF TECHNOLOGY, Krishan Vihar, New Delhi – 110086, do hereby solemnly undertake as follows:

1. That I am on study leave from 12/09/2025 to 14/09/2025.
2. That the institute had not deducted any amount from my salary during/for the above mentioned period.
3. That I have received my full salary for the period.
4. That the above made statements are true and nothing has been concealed.

Signature of the Faculty Member: 

Name of the Faculty Member: Ashalata bedant

Designation of the Faculty Member: Assistant Professor





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Krishan Vihar, New Delhi – 110086.

Dated: 12/10/2025

Sub: An Application for Practical exam(M.A) leave.

Sir / Madam,

With respect, this is to inform you that I am unable to attend the institute from 12/10/2025 to 15/10/2025 due to for the study of M.A Psychology.

Kindly grant me leave for four days. and oblige a lot.

Thanking You,

Yours Truly,

Signature: M. R. Manjiv Bala

Name: D.R. Manjiv Bala

Desig.: Assistant Professor

Department: Education

FOR OFFICE USE ONLY

Leave Request of Mr./Mrs./Ms. D.R. Manjiv Bala

From 12/10/2025 to 15/10/2025

is approved ☒ rejected ☐ for Visit to appear to Practical Exam.

Sanctioning Authority/Principal Signature





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Ref. No.

Dated :

UNDERTAKING

(Undertaking for evidence of grant of study leave with full pay)

To be filled by Faculty Only

I, D.R. Manjy Bala, Assistant Professor of V.D. (VARUN DHAKA) INSTITUTE OF TECHNOLOGY, Krishan Vihar, New Delhi – 110086, do hereby solemnly undertake as follows:

1. That I am on study leave from 12/10/2025 to 15/10/2025.
2. That the institute had not deducted any amount from my salary during/for the above mentioned period.
3. That I have received my full salary for the period.
4. That the above made statements are true and nothing has been concealed.

Signature of the Faculty Member: Mgh Bala

Name of the Faculty Member: D.R. Manjy Bala

Designation of the Faculty Member: Assistant Professor

