# JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

## APPLICATION FORM FOR CASUAL LEAVE

Name.....Dr. Baswaraju Macha.....

Designation; ...Asso. Professor.....Department: ..Pharmacy

Mention reason for leave.....Father Health issues.....

No. of Days: .....From: ..18-12-2024...To: ....18-12-2024.

Arrangement of class Work.....Assigned.....

Signature of the Applicant

Date: 17-12-2024

Place: Narsampet.

Recommendation of the

Head of the Dept.

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**For Office Use Only**

**Eligibility of C.L.**

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

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Leave applied by the above individual is Sanctioned / NotSanctioned.

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# JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

## APPLICATION FORM FOR CASUAL LEAVE

Name T. Ashwin kumar

Designation; Asst. Professor Department: Pharmaceutics

Mention reason for leave Subbering from fever

No. of Days: 1 From: 02/11/24 To: 02/11/24

Arrangement of class Work Rakesh, Smitha

CL-

Signature of the Applicant Ashwin

Date:

Place:

Recommendation of the

Head of the Dept.

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**Eligibility of C.L.**

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Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

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# JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

## APPLICATION FORM FOR CASUAL LEAVE

Name....Syeda...Nishat....Fathima.....

Designation; ...Asso.-Prof.....Department: .Pb'cology..

Mention reason for leave..Maternal..Aunt..Expired-attended..funeral.

No. of Days: ..4...From: ..11.6.24.....To: ..14.6.24.....

Arrangement of class Work....G.Swetha.....

Signature of the Applicant

Date: 15.6.24

Place: Narsampet

Recommendation of the

Head of the Dept.

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**For Office Use Only**

**Eligibility of C.L.**

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

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# JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

## APPLICATION FORM FOR CASUAL LEAVE

Name..Syeda...Nishat...Fathima.....
Designation; ..Asso..Prof.....Department: .Ph'.cology.
Mention reason for leave...Hypotension..&Health...issue.....
No. of Days: ..1....From: 20/6/24.....To: .....
Arrangement of class Work....G.Swetha.....

Signature of the Applicant

Date: 21/6/24

Place: Narsampet

Recommendation of the

Head of the Dept.

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**For Office Use Only**

**Eligibility of C.L.**

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....
is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

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# JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

## APPLICATION FORM FOR CASUAL LEAVE

Name..... I. Shalini .....

Designation; ..... Assistant professor ..... Department: ..... pharm: Analysis

Mention reason for leave..... Fever .....

No. of Days: 02 ..From: 19.06.2024 ....To: 20.06.2024 ..

Arrangement of class Work.... Anusha. Madam .....

Signature of the Applicant Shalini

Date: 21/06/2024

Place: Narsampet.

Recommendation of the

Head of the Dept.

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**For Office Use Only**

**Eligibility of C.L.**

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

---

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# JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

## APPLICATION FORM FOR CASUAL LEAVE

Name.....Dr. Srilatha Malvey.....
Designation; ...Asst. Professor.....Department: Pharmaceutics
Mention reason for leave.....Grand mother sick.....
No. of Days: ..5....From: ..4.11.2024....To: ..8.11.2024....
Arrangement of class Work.....

Signature of the Applicant

Date: 2/11/2024

Place: JCP.

- 5 days -
- CL -

Recommendation of the
Head of the Dept.

Surrender -
Note this -

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**For Office Use Only**

**Eligibility of C.L.**

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....
is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

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Leave applied by the above individual is Sanctioned / Not Sanctioned.

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# JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

## APPLICATION FORM FOR CASUAL LEAVE

Name.....M. Anil Kumar.....

Designation; ...Asst. professor.....Department: Pharmacognosy

Mention reason for leave.....personal / medical. EMA.....

No. of Days: ..half day From: ....24-10-24...To: ....24-10-24....

Arrangement of class Work.....Rakesh.....

Signature of the Applicant

Date: 24/10/24

Place: Narsampet

Recommendation of the

Head of the Dept.

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**For Office Use Only**

**Eligibility of C.L.**

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

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# JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

## APPLICATION FORM FOR CASUAL LEAVE

Name.....Dr. Sailatha Malvey.....
Designation; .....Asst. professor..Department: Pharmaceutics
Mention reason for leave.....Health Problem.....
No. of Days: ..1...From: ..one..21/10/2024..To: .....
Arrangement of class Work.....

Signature of the Applicant

Date: 23/10/2024

Place: JCP.

Recommendation of the

Head of the Dept.

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**For Office Use Only**

**Eligibility of C.L.**

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....
is having.....Days C.L/C.C.L. at his/her credit

Office Superintendent

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# JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

## APPLICATION FORM FOR CASUAL LEAVE

Name..... I. Shalini .....

Designation; ... Assistant Professor ... Department: Pharm. Analysis

Mention reason for leave..... Health issue .....

No. of Days: 01 ..From: .. 14.10.2024 ...To: .. 14.10.2024

Arrangement of class Work..... Nishat maam, Anusha maam

Signature of the Applicant Shalini

Date: 13/10/2024

Place: Narsampet.

- CL -

Recommendation of the

Head of the Dept.

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**For Office Use Only**

**Eligibility of C.L.**

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

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# JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

## APPLICATION FORM FOR CASUAL LEAVE

Name T. Ashwin Kumar

Designation; Asst. Professor Department: Pharmaceutics

Mention reason for leave Health Problem

No. of Days: 1 From: 21/09/2024 To: 21/09/2024

Arrangement of class Work Santosh

Signature of the Applicant Ashwin

Date: 24/09/2024

Place:

Recommendation of the

Head of the Dept.

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**For Office Use Only**

**Eligibility of C.L.**

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

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# JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

## APPLICATION FORM FOR CASUAL LEAVE

Name: Dr. Syeda Nishat Fathima

Designation: Asso. Prof. Department: Ph'cology

Mention reason for leave: Health Issues

No. of Days: 1 From: 23-7-24 To: —

Arrangement of class Work: P. Anusha

Signature of the Applicant

Date: 25/7/24

Place: Narsampet

Recommendation of the

Head of the Dept.

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**For Office Use Only**

**Eligibility of C.L.**

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

---

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# JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

## APPLICATION FORM FOR CASUAL LEAVE

Name..... I. Shalini .....

Designation: ~~Assistant~~ Professor .....Department: Pharm. Analysis

Mention reason for leave..... Health issue .....

No. of Days: 01 From: 20.07.2024 ...To: 20.07.2024

Arrangement of class Work..... Nishat madam .....

Signature of the Applicant Shalini

Date: 22/07/2024

Place: Narsampet

Recommendation of the

Head of the Dept.

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**For Office Use Only**

**Eligibility of C.L.**

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

---

Leave applied by the above individual is Sanctioned / Not Sanctioned.

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# JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

## APPLICATION FORM FOR CASUAL LEAVE

Name.....I. Shalini.....

Designation; ..Assistant professor...Department: pharm: Analysis

Mention reason for leave.....Fever., Cold., Cough.....

No. of Days: 03..From: 30.07.2024....To: 01.08.2024

Arrangement of class Work...Nishat madam, Anusha madam.

Signature of the Applicant Shalini

Date: 02/08/2024

Place: Narsampet.

Recommendation of the

Head of the Dept.

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**For Office Use Only**

**Eligibility of C.L.**

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

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# JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

## APPLICATION FORM FOR CASUAL LEAVE

Name..M. Dhanalaxmi.....

Designation; ....Ass.prof.....Department: .ph: chemistry

Mention reason for leave.....fever.....

No. of Days: ..01..From: ...27/07/24.....To: .27/07/24.....

Arrangement of class Work.....

Signature of the Applicant

Date:

Place:

Recommendation of the

Head of the Dept.

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**For Office Use Only**

**Eligibility of C.L.**

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

---

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# JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

## APPLICATION FORM FOR CASUAL LEAVE

Name..... I. Shalini .....

Designation; ..Assistant professor....Department: pharm. Analysis

Mention reason for leave.....Health issue.....

No. of Days: 01 ....From: 09:07:2024....To: ..09-07-2024...

Arrangement of class Work.....Anusha Madam.....

Signature of the Applicant Shalini

Date: 10/07/2024

Place: Narsampet

-CL-

Recommendation of the

Head of the Dept.

---

**For Office Use Only**

**Eligibility of C.L.**

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

---

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# JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

## APPLICATION FORM FOR CASUAL LEAVE

Name..... I. Shalini .....

Designation; ..... Assistant Professor ...Department: Pharm. Analysis

Mention reason for leave..... Fever .....

No. of Days: ..02..From: ..21.02.2024...To: ..22.02.2024

Arrangement of class Work.....Aruna mam, Sneha maa...

Signature of the Applicant Shalini.

Date: 24/2/2024

Place: Narsampet

Recommendation of the

Head of the Dept.

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For Office Use Only

Eligi[illegible] of C.L.

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

---

Leave applied by the above individual is Sanctioned / NotSanctioned.

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# JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

## APPLICATION FORM FOR CASUAL LEAVE

Name...Ch. Rathnakar Rao.....
Designation: ..Pharmacy Store Incharge.....Department: Pharmacy.
Mention reason for leave...Father Death Anniversary.....
No. of Days: ..03..From: 25/01/2024.....To: ..29/01/2024...
Arrangement of class Work.....Surrender sir.....

Signature of the Applicant

Date: 29/01/2024

Place: Narsampet

Recommendation of the

Head of the Dept.

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**For Office Use Only**

**Eligibility of C.L.**

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....
is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

---

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# JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

## APPLICATION FORM FOR CASUAL LEAVE

Name.. Dr. G. Vennela.....

Designation; ..Assit Professor.....Department: pharmacy practice

Mention reason for leave..... Engagement ceremony.

No. of Days: .1.....From: ....28/12/2023....To: ..28/12/23.....

Arrangement of class Work..... Smitha mam.....

Signature of the Applicant

Date: 27/12/23

Place: Narsampet

Recommendation of the

Head of the Dept.

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**For Office Use Only**

**Eligibility of C.L.**

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

---

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# JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

## APPLICATION FORM FOR CASUAL LEAVE

Name.....G.Swetha.....

Designation; ....Asst. professor.....Department: pharmacology

Mention reason for leave....Health issue.....

No. of Days: ..1.....From: 7/12/2023.....To: .....

Arrangement of class Work.....Anusha mam.....

Signature of the Applicant

Date: Swetha

Place: 8/12/2023.

Recommendation of the

Head of the Dept.

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**For Office Use Only**

**Eligibility of C.L.**

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Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

---

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# JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

## APPLICATION FORM FOR CASUAL LEAVE

Name K. vishnu

Designation: Lab Asst Department: Pharmacy

Mention reason for leave Fever

No. of Days: 2 From: 6/12/2023 To: 07/12/2023

Arrangement of class Work Anusha

Signature of the Applicant vishnu

Date: 08/12/2023

Place: Narsampet

Recommendation of the

Head of the Dept.

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**For Office Use Only**

**Eligibility of C.L.**

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Mr./Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

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