



# Kalyani Mahavidyalaya

City Centre Complex,  
P.O.-Kalyani, Dist.-Nadia, West Bengal,  
PIN-741 235.

To  
The Principal/Teacher-in-Charge,  
Kalyani Mahavidyalaya,  
Kalyani, Nadia.

**Sub.: Application for Casual/Earned/Medical/Duty Leave.**

Sir,

I have the honour to inform you that I shall not be able to/could not attend the  
college on \_\_\_\_\_/from \_\_\_\_\_ to  
\_\_\_\_\_ on account of \_\_\_\_\_  
\_\_\_\_\_.

Please sanctioned me \*Casual/Earned/Medical/Duty Leave for \_\_\_\_\_

\*Day/Days only and obliged.

\*\*The Medical Certificate is enclosed herewith.

With regards,

Yours faithfully,

Signature :

Date :

Full Name :

Designation:

\*Strike out the inapplicable portion.

\*\*Application only in case of Earned Leave on Medical Ground or Medical Leave.

\_\_\_\_\_  
Signature of the Head of Institution.