Indian Institute of Psychology & Research (IIPR), Bangalore

Leave Application Form

Name: ..... TEJASWINI M.C .....

Department: ..... UG ..... Designation: ..... Associate professor ..

Nature of Leave: CL ☐ OOD ☑ Sp.CL ☐ RH ☐ Number of days of leave required: ..... 1 .....

Dates From: ..... 22/2/18 ..... To: ..... 22/2/18 ..... Time: From: ..... 10. A.M. ..... To: ..... 5. P.M. .....

Reason for Leave: ..... Attending workshop at Central College ...

Signature of the Applicant: ..... Tejashini ..... Date: ..... 23/2/18 .....

Remarks & Approval by HOD/ Coordinator

.....

.....

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Remarks & Approval by HR:

..... Total OD taken so far - 0

..... A

..... 1 OD

Approval by Principal: .....

..... Fwd

BANGALORE UNIVERSITY

Department Of Commerce, Central College Campus

ATTENDANCE CERTIFICATE

This is to certify that Mr. /Mrs. Thejaswini M.C. of _____ College has attended " Revision and Strengthening of B.com/ BBA/ BHM: Curriculum on 22-02-2018 at 10.30 am to 5.30 pm in Senate Hall, Central College Campus, Bangalore University, Bengaluru.

22/2/18

CHAIRMAN

Dr. M. MUNINARAYANAPPA
Professor, Dean & Chairman
Faculty of Commerce & Management
Central College Campus, Bangalore University
BENGALURU - 560 001.