

School of Aeronautics (Neemrana)

I-04, RIICO Industrial Area, Neemrana, Dist. Alwar, Rajasthan

CLASS ADJUSTMENT OF FACULTY

Name of Faculty : _____ Mob. No. _____

E-mail. _____ Type of Leave : _____

Date of Leave : From _____ to _____ Reasons for leave _____

Adjustment of Classes :-

Name & Signature of Substituting Faculty _____

Day	9:10-10:10	10:10-11:10	11:10-12:10	12:10-1:10	1:10-2:00	2:00-3:00	3:00-4:00	4:00-5:00
Monday					L U N C H			
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								

Yours faithfully,

Signature of Applicant _____ Date : _____

Remarks & Recommendations

Principal _____ Date : _____

Note : - Until and unless this form is approved by Principal, online leave application will be rejected

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