

**VISHWAKARMA GOVERNMENT ENGINEERING COLLEGE, CHANDKHEDA**

**APPLICATION FOR DL ( GTU / DTE Order) / SPL (Other University / Organization)**

Name of Faculty / Staff			
Department			
Duration for DL / SPL	Date : From - To	No. of Days	Place
Only for Meetings	Date	Time	Place
Reason (Attach related Order / Documents)			
Previously taken DL and SPL during Semester	DL ( GTU / DTE Order)	SPL (Other University / Organization)	Remaining SPL

Date :

Signature of Faculty / Staff  
Name -

: Recommendation of HOD :

Comment on why it is required.	
Alternate arrangement taken on department file ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Recommendation of HOD	Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/>

Date :

Signature of HOD  
Name -

Approved  Not Approved

Signature of Principal