**VIGNAN’S INSTITUTE OF**

**MANAGEMENT & TECHNOLOGY FOR WOMEN**

**APPLICATION FORM FOR VACATION**

**(Details shall not be hand written)**

Normally Not more than 2 spells permitted.

DATE:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name of the Employee | | | | : |  | | | | | | |
|  | Designation | | | | : |  | | | | | | |
|  | Department | | | | : |  | | | | | | |
|  | Date of Joining in VMTW or Vignan (For continued service only) | | | | | | | | | : |  | |
|  | Number of Days eligible for vacation as per the circular | | | | | | | | | : |  | |
|  | Communication Address during vacation | | | | | | : |  | | | | |
|  | Contact No. during vacation | | | | | | | | | : |  | |
|  | Alternative Contact No. during vacation | | | | | | | | | : |  | |
|  | Name & Contact No. of the substitution for exam invigilation (if applicable) | | | | | | | | | : |  | |
|  | Details of the given Schedule of works that shall be completed before going on vacation | | | | | | | | | | | |
| **SN** | **Assignment details** | | | | | | | **Scheduled**  **date for Completion** | | | **Status of Assignment** |
| 1. |  | | | | | | |  | | |  |
| 2. |  | | | | | | |  | | |  |
| 3. |  | | | | | | |  | | |  |
| 4. |  | | | | | | |  | | |  |
| 5. |  | | | | | | |  | | |  |
| 6. |  | | | | | | |  | | |  |
| 7. |  | | | | | | |  | | |  |
| 8. |  | | | | | | |  | | |  |
|  | 9. |  | | | | | | |  | | |  |
|  | 10. |  | | | | | | |  | | |  |
| Proposed Vacation period | | | : |  | | | | | Signature of the Applicant | | | |
| Hod’s / Principal’s comment on status with signature and date | | | | | | | | | | | | |

**Approved / Not Approved**

**Date:**

**PRINCIPAL**

**Admin for record & file**