**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**