

**SOURASHTRA COLLEGE FOR WOMEN, MADURAI – 4.**

**(SELF-FINANCING)**

**Date:**

- 1. Name :**
- 2. Department :**
- 3. Casual Leave Required :**
- 4. No. of C.L. already availed :**
- 5. Reason for Leave :**
- 6. Details of classes :**

<b>Details of the Class Arrangements</b>			
<b>Hours</b>	<b>Courses</b>	<b>Name of the Lecturer Engaging the Class</b>	<b>Initials</b>
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			
<b>4.</b>			
<b>5.</b>			

- 7. Have all the classes been engaged  
For subsequent Days :**

**H.O.D**

**Principal**

**Signature of the Staff**