



DR. VRK WOMEN'S COLLEGE OF ENGG. & TECHNOLOGY
Aziznagar Village, Moinabad Mandal R.R. Dist.
Approved by AICTE & Permitted by Government of Andhra Pradesh
Affiliated to J.N.T. University

NAME OF THE EMPLOYEE : Akshara Jabeen
DESIGNATION & DEPT. : Asst. professor, H&S
LEAVE / OD / PERMISSION : CL
NO. OF DAYS : 1 FROM : 4/5/23
TO : _____

| DATE | PERIODS | BRANCH YEAR | ALTERNATE STAFF NAME | SIGN OF ALTERNATE STAFF |
|--------|---------|-------------|----------------------|-------------------------|
| 4/5/23 | I | II | Mrs. Mubeena Anjum | (Mub) |
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I Request you to kindly sanction the leave for the above periods

thanking you
Signature of the Faculty

HOD

Principal



DR. VRK WOMEN'S COLLEGE OF ENGG. & TECHNOLOGY
Aziznagar Village, Moinabad Mandal R.R. Dist.
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NAME OF THE EMPLOYEE : Asra Jabeen
DESIGNATION & DEPT. Asst. professor, H&S
LEAVE / OD / PERMISSION fever.
NO. OF DAYS : 1 FROM; 18/4/23
TO; _____

| DATE | PERIODS | BRANCH YEAR | ALTERNATE STAFF NAME | SIGN OF ALTERNATE STAFF |
|---------|---------|-------------|----------------------|-------------------------|
| 18/4/23 | IV | I | D.V.G.S Prasad | Devised. |
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Signature of the Faculty


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NAME OF THE EMPLOYEE : Asra Jabeen
DESIGNATION & DEPT. Asst - professor H&S
LEAVE / OD / PERMISSION CL
NO. OF DAYS : 1 FROM ; 31/3/23
TO ; _____

| DATE | PERIODS | BRANCH YEAR | ALTERNATE STAFF NAME | SIGN OF ALTERNATE STAFF |
|---------|---------|-------------|----------------------|-------------------------|
| 31/3/23 | - | - | - | - |
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Signature of the Faculty

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NAME OF THE EMPLOYEE : Assa Jabeen
DESIGNATION & DEPT. Asst professor, H&S
LEAVE / OD / PERMISSION Health issue
NO. OF DAYS : 1 FROM ; 28/2/23
TO ; _____

| DATE | PERIODS | BRANCH YEAR | ALTERNATE STAFF NAME | SIGN OF ALTERNATE STAFF |
|---------|---------|-------------|----------------------|-------------------------|
| 28/2/23 | IV | I | Mrs. Haleem-unnisa | Haleem |
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NAME OF THE EMPLOYEE :

Asra Jabeen

DESIGNATION & DEPT.

Asst. Professor, H&S

LEAVE / OD / PERMISSION

fever.

NO. OF DAYS :

1

FROM ;

2/11/22

TO ;

| DATE | PERIODS | BRANCH YEAR | ALTERNATE STAFF NAME | SIGN OF ALTERNATE STAFF |
|---------|--------------|-------------|----------------------|-------------------------|
| 2/11/22 | <u>V, VI</u> | <u>I</u> | <u>Nandini</u> | <u>Nandini</u> |
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NAME OF THE EMPLOYEE : Asra Jabeen
DESIGNATION & DEPT. Asst. professor, H&S
✓
LEAVE / OD / PERMISSION CL
NO. OF DAYS : 1 FROM : 22/10/22
TO : _____

| DATE | PERIODS | BRANCH YEAR | ALTERNATE STAFF NAME | SIGN OF ALTERNATE STAFF |
|----------|----------|-------------|----------------------|-------------------------|
| 22/10/22 | <u>1</u> | <u>1</u> | Mr. G. Ravi Kumar | <u>Ravi</u> |
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[Signature]
HOD

[Signature]
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NAME OF THE EMPLOYEE : Asra Jabeen
DESIGNATION & DEPT. : Asst. professor; H85
LEAVE / OD / PERMISSION : function
NO. OF DAYS : 2 FROM : 27/9/22
TO : 28/9/22

| DATE | PERIODS | BRANCH YEAR | ALTERNATE STAFF NAME | SIGN OF ALTERNATE STAFF |
|---------|---------|-------------|----------------------|-------------------------|
| 27/9/22 | I | I | Mrs. Haleem unisa | H deen |
| 28/9/22 | V, VI | I | Library | |
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NAME OF THE EMPLOYEE : Asra Jabeen
DESIGNATION & DEPT. Asst. professor, H & S
✓
LEAVE / OD / PERMISSION CL
NO. OF DAYS : 1 FROM : 24/9/22
TO : _____

| DATE | PERIODS | BRANCH YEAR | ALTERNATE STAFF NAME | SIGN OF ALTERNATE STAFF |
|---------|----------|----------------|-------------------------|-------------------------------|
| 24/9/22 | <u>1</u> | <u>1</u> | Mr. G. Ravi Kumar | <u>Ravi</u> |
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NAME OF THE EMPLOYEE : Asra Jabbar
DESIGNATION & DEPT. : Asst. professor, H&S
LEAVE / OD / PERMISSION : function
NO. OF DAYS : 1 FROM : 26/8/22
TO : _____

| DATE | PERIODS | BRANCH YEAR | ALTERNATE STAFF NAME | SIGN OF ALTERNATE STAFF |
|---------|---------|-------------|----------------------|-------------------------|
| 26/8/22 | - | - | - | - |
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Thanking you

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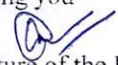
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NAME OF THE EMPLOYEE : Ms. Jabeen
DESIGNATION & DEPT. : Asst professor, H & S
LEAVE / OD / PERMISSION : personal work
NO. OF DAYS : 1 FROM : 23/8/22
TO : _____

| DATE | PERIODS | BRANCH YEAR | ALTERNATE STAFF NAME | SIGN OF ALTERNATE STAFF |
|---------|---------|-------------|----------------------|-------------------------|
| 23/8/22 | IV | I | Sports | |
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NAME OF THE EMPLOYEE : Asra Jabeen
DESIGNATION & DEPT. Asst. professor, HES
LEAVE / OD / PERMISSION personal work
NO. OF DAYS : 1 FROM : 23/7/22
TO ; _____

| DATE | PERIODS | BRANCH YEAR | ALTERNATE STAFF NAME | SIGN OF ALTERNATE STAFF |
|---------|---------|-------------|----------------------|-------------------------|
| 23/7/22 | I | I | Mrs. Mubeena Anjum | (Mub) |
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[Signature]
HOD

[Signature]
Principal



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NAME OF THE EMPLOYEE : Assra Jabeen
DESIGNATION & DEPT. Asst. professor, HBS
LEAVE / OD / PERMISSION Health issue
NO. OF DAYS : 2 FROM ; 20/7/22
TO ; 21/7/22

| DATE | PERIODS | BRANCH YEAR | ALTERNATE STAFF NAME | SIGN OF ALTERNATE STAFF |
|---------|---------|-------------|----------------------|-------------------------|
| 20/7/22 | V, VI | I | Sports | |
| 21/7/22 | I | I | Mrs. Mubeena Anjum | (Mue) |
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NAME OF THE EMPLOYEE : Assra Jabeen
DESIGNATION & DEPT. Asst. professor, H&S
LEAVE / OD / PERMISSION function
NO. OF DAYS : 1 FROM ; 28/6/22
TO ; _____

| DATE | PERIODS | BRANCH YEAR | ALTERNATE STAFF NAME | SIGN OF ALTERNATE STAFF |
|---------|---------|-------------|----------------------|-------------------------|
| 28/6/22 | IV | R | Mrs. Haleemunnisa | Haleem. |
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