

**TEACHER'S DIARY**

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**BAL BHARATI PUBLIC SCHOOL**

Sector 21, Noida (U.P.)

**APPLICATION FOR CASUAL LEAVE**

The Principal,  
**BAL BHARATI PUBLIC SCHOOL**  
Sector-21, Noida (U.P.)  
Dear Sir / Madam,

I shall feel much obliged if you could kindly grant me  
Casual Leave for ..... day (s) i.e.  
from..... to ..... for the following  
reason/s.

.....  
.....

Yours faithfully,

Date : .....

Signature .....

Name .....

**Head of Department**

Designation .....

**Head Mistress / Vice Principal**

Department.....

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**FOR OFFICE USE**

Maximum No. of C.L. entitled for the year .....

No. of C. L. due on ..... (date).....

No. of C. L. sanctioned .....

Balance carried forward .....

Remarks .....

Date .....

Principal

TEACHER'S DIARY

**BAL BHARATI PUBLIC SCHOOL**

Sector 21, Noida (U.P.)

**APPLICATION FOR MEDICAL / EARNED LEAVE**

The Principal,

**BAL BHARATI PUBLIC SCHOOL**

Sector-21, Noida (U.P.)

Dear Sir

Kindly sanction Earned Leave/Medical Leave for..... days  
from ..... to ..... on account of the following reasons :

.....  
.....

Medical Certificate from a qualified Medical Practitioner is attached.

I shall submit the fitness certificate from the doctor on joining my duty.

Yours faithfully

Date.....

Signature.....

Name .....

(in capital)

Designation .....

Department .....

Signature

Recommendations by Department / Section Incharge

To be completed by the Office

Name of the teacher / employee .....

Department .....

No. of E.L. / M.L. entitlement .....

No. of E.L. / M.L. taken so far .....

No. OF e.l. / M.L. sanctioned .....

Balance carried forward .....

Remarks .....

Principal's decision & Signature .....

Signature of the employee

**TEACHER'S DIARY**

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**BAL BHARATI PUBLIC SCHOOL**

Sector 21, Noida (U.P.)

**APPLICATION FOR MEDICAL REIMBURSEMENT**

1. Name of the employee : .....
2. Designation : .....
3. Department : .....
4. Name of the patient : .....  
(with relationship)
5. Nature of illness : .....
6. Period of illness : .....
7. Name & address of the : .....  
doctor
8. Name & address of the : .....  
hospital
9. Period of hospitalisation : .....
10. Total amount claimed : .....
11. Verification by the doctor : .....

Date ..... (Signature of the employee)

Encl. : Prescription/bills in original to be attached.

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**FOR OFFICE USE**

1. Amount for which employee : .....  
is entitled
2. Previous amount paid during : .....  
the year
3. Amount claimed : .....
4. Verification by the Accounts : .....  
Deptt.
5. Passed for final payment : .....

(Signature of the Accounts In charge / Internal Auditor)

(Signature of the Head of the Institution)

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**2018-19**

**TAKE CARE WHILE I AM AWAY**

I ..... will be going out of the school on ..... (Duration ..... ) to ..... for ..... will be leave w.e.f. ....)

Kindly have my classes arranged. The attached assignments may be given to the students of the mentioned classes.

DAY	DATE	CLASS/SEC	ASSIGNMENT / EXPECTED COURSE TO BE COVERED	Rkm

Thanks,

Submitted on ..... Name : ..... Deptt. : .....

(To be submitted three days in advance)

Substitution Incharge.....

HM/VP

Principal

2018-19

TEACHER'S DIARY