

SELF DECLARATION OF ATTENDANCE

Emp. I.D.No.

I.....

Dept/Office here by
declare that I have availed of ('Nil' if not availed any
leave) days of leave (nature of leave) during the
period from 21st of (month/year) to 20th of
(month/year) and that the leave has been sanctioned vide
U.O.No.....
dt...../pending sanction.

Signature, Name,
Designation and
Dept/Office of the Officer

Place:
Date:

FOR USE IN AUDIT SECTION

Remarks:

Asst. SO AR, Audit

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