



SRK INSTITUTE OF TECHNOLOGY

Enikepadu, VIJAYAWADA- 521108 Ph. : 0866-2843839

No: **53**

LEAVE

CL EL CCL OD

Name: P. Naga Sahitya Designation: Asst. Prof.

Department: MBA Reason: Maternity leave No of days applied: 162

From: 18/06/22 To: 30/11/22 (162 Days) *Balance leaves available (mandatory): _____

Class Work Arrangement	Subject / Lab	Date	Class Br. Sec	Period	Name of the Faculty	Signature	
	<u>Maternity leave</u>						

P. N. Sahitya
Faculty / Staff / Date

B. G. S. Reddy
HOD / Date 18/6/22

[Signature]
Principal / Date

[Signature]
PRINCIPAL
SRK INSTITUTE OF TECHNOLOGY
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LEAVE CL EL CCL OD

No.: 797 ChJ Gayatri Designation: ASST
 Department: ECE Reason: accident No of days applied: 4 weeks
 From: 1/7/22 To 15/8/22 (Days). Balance leaves available (mandatory): 6.

Class Work Arrangement	Subject / Lab	Date	Class Br. Sec	Period	Name of the Faculty	Signature	
	accident.						
				LOP			

Faculty / Sign / Date: for
 HOD / Date: mb
 Principal / Date: M


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Regd. No. 42876

డా॥ నిమ్మగడ్డ కృష్ణప్రసాద్

M.B.B.S., M.S. Ortho, D.Ortho

ఆర్థోపెడిక్, ట్రామా & జాయింట్ రిప్లేస్మెంట్ సర్జన్

అసిస్టెంట్ ప్రొఫెసర్ : Dr. PSIMS & RF



Name : CHJ. GUYATHARI.

Date : 25-06-22

Village : Gannavaram.

Age : 27y/f.



To: WHOEVER IT MAY CONCERN.

This is to certify that Mrs. CHJ. Guyathari.

Age 27 years. Female P/O. C.V.R. Hanuman. residing

at Gannavaram. Sustained Left tibia.

Inter condylar fracture on 25-06-22.

She is advised to go for Conservative

Management. [Above the knee cast for left lower limb]

Advised Absolute Bed rest for 8 weeks.

From 25-06-22 to 25-08-22.

Dr. N. KRISHNA PRASAD

Reg. No: 42876 M.B.B.S., M.S. Ortho, D.Ortho

Associate Professor

Dr. Pinnamaneni Siddhartha Institute of

Medical Sciences & Research Foundation

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ప్రతిరోజు సాయంత్రం గం॥ 5.00 నుండి రాత్రి గం॥ 9.00 వరకు



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83

LEAVE

CL

EL

CCL

OD

No.:

Name : Dr. B. Vanjathilini

Designation : Professor

Department : ECE

Reason : Personal

No of days applied : 28

From : 01/02/2022 To 28/02/2022

Days). Balance leaves available (mandatory) : _____

Class Work Arrangement	Subject / Lab	Date	Class B+ Sec	Period	Name of the Faculty	Signature
	No class work	-	-	-	-	-

Faculty / Staff / Date [Signature] 31/01/2022

HOD / Date

[Signature]
31/1/22

Principal / Date

[Signature]

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No.:

LEAVE

CL EL CCL OD

Name: G. plawen Designation: ASST-Prof.

Department: SSTI Reason: Marriage No of days applied: 15

From: 16-5-22 To: 31-5-22 Days). Balance leaves available (mandatory): _____

Class Work Arrangement	Subject / Lab	Date	Class Br. Sec	Period	Name of the Faculty	Signature
	class work is adjusted to May Navratri					

Faculty / Staff / Date G. plawen 13/5/22

HOD / Date etc. 13/5/22

Principal / Date

PRINCIPAL
SRK INSTITUTE OF TECHNOLOGY
ENIKEPADU, VIJAYAWADA-521 108.

Date: 13-05-2022
Enikepadu

To
The Principal,
SRK Institute of Technology,
Enikepadu,
Vijayawada - 521108

Dear Sir,

Subject: Requesting Leave on the Occasion of Marriage.

I am working as Assistant Professor in the department of Science and Humanities. My Marriage is on 20-05-2022 . So I request leave from 16-05-2022 To 31-05-2022.

Thanking You,

Yours Sincerely

G. Praveen
GOLLA PRAVEEN
ASSISTANT PROFESSOR
DEPARTMENT OF SCIENCE AND HUMANITIES

*Approved for FF 9
without fail
13/5/22*

*Forwarded
to
Principal*

*etc Date
13/5/22*

[Signature]

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