



Form ID: DYP CET: Est/06

Date: _____

Compensatory Holiday (CH)

Name: _____ Department _____

I worked on following days which were declared holidays.

Sr No	Day	Date	Time		Total Working Hours	Type of work done
			From	To		
1						
2						
3						

Signature of Staff _____ Forwarded by Concern Dean/HoD _____

Approved By -

Registrar

Principal



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