



Hi-Tech Institute of Engineering & Technology Ghaziabad

Comp. Off Credit Form

Name: _____ Designation: _____ Dept. _____ I.D.No. _____

Comp. From: _____ To _____ Total Days : _____

Purpose For Coming On Holiday: _____

Date: _____

Signature of Employee

FOR OFFICE USE ONLY

Compensatory Allowed/Not Allowed : _____

HOD/In-Charge

FOR DIRECTOR'S APPROVAL

Co Add/Not Add _____

Director



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