

LEAVE APPLICATION FORM

APPLICATION FOR LEAVE

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FOR EXTENSION OF LEAVE

☐

Name of Employee:

\_\_\_\_\_

Father's Name:

\_\_\_\_\_

Designation:

\_\_\_\_\_

Department/Section:

\_\_\_\_\_

Nature of leave applied

\_\_\_\_\_

Period from which required

From \_\_\_\_\_ To \_\_\_\_\_ Days \_\_\_\_\_

Sundays and holidays, if any,  
proposed to be prefixed/suffixed to leave

\_\_\_\_\_

Grounds on which leave is applied for

\_\_\_\_\_

\_\_\_\_\_

Adjusted my Classes with

\_\_\_\_\_

Address during leave period  
& telephone number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of return from last leave

\_\_\_\_\_

Signature of the applicant (with date)

Remarks and/or recommendation of the Controlling Officer

Signature of Chief Course Coordinator

Signature (with date)/Designation

CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

Certified that \_\_\_\_\_ (nature of leave) for \_\_\_\_\_ (days) from \_\_\_\_\_  
to \_\_\_\_\_ is admissible under Regulation \_\_\_\_\_ of the University.

Establishment Section

Orders of the authority competent to grant leave.

Leave sanctioned

☐

Not sanctioned

☐

Signature (with date)/Designation