

LEAVE APPLICATION FORM

APPLICATION FOR LEAVE

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