



LEAVE APPLICATION FORM

(For Officers / Faculty Members)

PART - A

(To be filled in by the Applicant)

Date: _____

Please grant me ____ days of _____ Leave from _____ to _____
(Date of proceeding on leave) (Date of completion of leave)

(Give reason in case of leave other than EL / CL and attach supporting documents)

| | |
|--|-------------------------------|
| During the leave I may be contacted at (Address) _____ _____ _____ _____ | Name: _____ |
| | Designation: _____ |
| | Department / Faculty _____ |
| | Telephone / Mobile No. _____ |
| | Signature of Applicant: _____ |

PART - B

(Remarks / Recommendation/ Approval as appropriate)

| | |
|---|--|
| _____ _____ _____ (Head of Department / Departmental Head) | _____ _____ _____ (Dean / Director) |
|---|--|

While recommending the leave, please make sure that the office work / scheduled classes are not disturbed.

PART - C

(To be filled by the Registrar Office)

Till to date the applicant has availed a total of _____ days of Earned Leave and _____ days of Casual Leave.
Balance before availing the requested leave: Earned Leave _____ days, Casual Leave _____ days.

(Prepared by)

(Registrar)

PART - D

(Sanction for Leave)

Approved / Not Approved

(Vice Chancellor)