1. Name of the Applicant: _____

2. Designation: _____

3. Copy of Service Certificate: _____

4. Period of Leave applied for: From _____ to _____ (Total days/hours) _____

5. Nature of Leave applied for: CL / SL / HPL / EOL / Mat / Sick Leave / Academic Leave / Maternity Leave / Paternity Leave / Leave of Other kind (specify)

6. Station Leaving, if applicable: From _____ to _____

7. Reason for Leave: _____

8. Address during Leave: _____

Contact No. _____

9. Does the Rule/Regulation relevant, if any, suggested in the application is there _____

10. Other case as to particulars to assist in fully dealing above case _____

Date: _____ (Signature of the Leave person) Signature of Applicant

Recommendation of the HOD/Head/Dean/Director / Head with a recommend or a certificate

* Do a case Leave (particulars above) / Yes/No

HOD/Head/Dean/Director/Head

Registrar

For use of Establishment Section

1. _____ Total E.L.P. / Commuted Leave (CL) due as on _____

2. After including a leave period _____ days is available a credit of the such leave

3. The H.O.Leave is compatible (CL/EL) for _____ days leave

Or _____ days please the candidate is to be informed

Posting Auth. Auth. Registrar Dy. Registrar