



केन्द्रीय स्वास्थ्य विज्ञान विश्वविद्यालय

CENTRAL UNIVERSITY OF HEALTH SCIENCES

HS-1, Ganga Pushkarpani Road, Village - Sarthana, Post - Bandhupora,
P.O. - Tolana, Gurgaon - 122008 (Haryana)

LEAVE APPLICATION FORM

1. Name of the Applicant _____
2. Designation _____
3. Dept./Centre/Section _____
4. Period of Leave applied for : from _____ to _____ (Total leave days _____)
5. Nature of Leave applied for : CL / EL / HPL / CCL / PPL / Duty Leave / Academic Leave /
Maternity Leave / Paternity Leave (Please tick which is applicable)
6. Station leaving, if applicable : from _____ to _____
7. Reason for Leave _____
8. Address during Leave _____
Contact No. _____
9. Saturday/Sunday/any holidays, if any supposed to be prefixed/suffixed to leave _____
10. Alternate arrangements for responsibility during absence _____

Date : _____ (Signature of alternate person) (Signature of Applicant)

Recommendation of the HOD/Head(C)/Sanction Head with arrangement of substitution _____

* Sickness/Injury Certificate attached : Yes/No

HOD/Head(C)/Sanction Head

Registrar

For Use of Sanctionment Section

1. _____ Days EL/HPL/Commuted Leave/CCL due as on _____
2. After deduction of above Leave, _____ days are available at credit of the applicant.
3. The EL/Commuted Leave/HPL/CCL/ECG for _____ days from _____
to _____ may please be considered and sanctioned.

Dealing Asst.

Asst. Registrar

Op. Registrar

Recommended / Not recommended

Sanctioned / Not sanctioned

Registrar

Registrar / Vice-Chancellor