

## Application for Leave

Applied for  Casual  Special  Compensatory  Restricted Holiday

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Name : \_\_\_\_\_ Designation : \_\_\_\_\_  
Department/Section : \_\_\_\_\_ Purpose of Leave : \_\_\_\_\_  
Phone / Mobile No. : \_\_\_\_\_

Dates of Leave Applied For Period of Station Leave (If Required)  
From : \_\_\_\_\_ To : \_\_\_\_\_ From : \_\_\_\_\_ To : \_\_\_\_\_

Address During Outstation Leave : \_\_\_\_\_

Details Regarding Arrangement for Classes (If Applicable) : \_\_\_\_\_

Date : \_\_\_\_\_ Signature of Applicant : \_\_\_\_\_

### For Official Use Only

Total leave admissible during the year : \_\_\_\_\_ Leave already taken during the year : \_\_\_\_\_  
Leave applied for : \_\_\_\_\_ Balance Leave : \_\_\_\_\_  
Office Remarks (If Any) : \_\_\_\_\_

Recommended / Not Recommended

Sanctioned / Not Sanctioned

Dated

Verified by

In Charge / Supervisor / HOD

Sanctioning Authority

NOTE: (a) Director is the competent authority to sanction the above types of leaves for Deans & Heads of Departments/Schools/Centers/Sections  
(b) HOD is the competent authority to sanction the above types of leaves for remaining faculty/staff in their respective Departments/Schools/Centers/Sections