



APPLICATION FORM FOR GRANT OF CASUAL LEAVE/DUTY LEAVE

1. Name of Officer/Official _____
2. Designation _____
3. Section/Division _____
4. Please tick mark the kind of leave applied for: Casual Leave _____ Duty Leave _____
5. Period of leave _____ days On/From _____ to _____
6. Reason on which leave is applied for:

Signature of Applicant

- | | |
|--|-------|
| A) Number of Casual Leaves availed till date | |
| B) Balance of Casual Leaves | |
| C) Number of Duty leaves availed till date | |
| D) Balance of Duty Leaves | |

Signature of Dealing Assistant

7. Recommendation from the concerned officer:

Signature of the Officer

8. Orders of leave sanctioning authority:

Sanctioned Not Sanctioned

University Librarian