

KIRORI MAL COLLEGE

UNIVERSITY OF DELHI
DELHI-110007

APPLICATION FOR LEAVE

Name.....

Designation Department.....

Nature of leave applied (Casual/Medical/Earned/Academic.....

Period of leave applied for.....day/s (from.....to.....

Reason.....

Address during leave.....

Date.....

Signature

(FOR OFFICE USE)

Balance as on.....

CL.....

EL.....

Medical leave/HPI.....

Leave entered in the Register

on Page No.....

Assistant

Recommended

Sanctioned

(Recommending Authority)

S.O. (Adm.)/A.O.

PRINCIPAL / A.O.