



APPLICATION FOR CASUAL LEAVE

(Sr. No 1 to 8 to be filled by applicant)

1	Department		
2	Date of Application		
3	Name of the Applicant		
4	Designation		
5	Leave Applied	From	To /on
6	Reason for Leave		
7	Address in case going Out of station		
8	Alternate arrangements For Classes & other Academic Works		Signature & Date

Signature of the Applicant

Recommendations

From the HOD : **Recommended / Not Recommended**

Signature of the HOD:

Signature of I/c Dean

For Office Use Only

To:
The Registrar

Total Casual Leaves	08 Days
Casual Leaves availed till date	
Casual Leaves Balance	

Signature of Junior Officer (Admin)