



**APPLICATION FOR SPECIAL 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

\*Please attach the supporting documents

**Signature of the Applicant**

Recommendations

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

**Signature of the HOD:**

**Signature of I/c Dean**

**APPROVED / NOT APPROVED**

**DIRECTOR**

**For Office Use Only**

To:  
The Registrar,

Total Casual Leaves	<b>15 Days</b>
Casual Leaves availed till date	
Casual Leaves Balance	

Signature of Jr. Officer Admin