

**APPLICATION FOR CASUAL LEAVE/ SPECIAL CASUAL LEAVE / DUTY LEAVE**

1. Name of Applicant .....
  2. Designation .....
  3. Department .....
  4. Purpose of Leave .....
- [Photocopy of letter of invitation should be enclosed. However, for confidential work no such document be required]
5. Period for which leave is required  
 For/From ..... (F/N)/(AN) to ..... (F/N)/(AN) ..... Days
  6. Title of leave: (i) Casual Leave ( )  
 (ii) Special Casual Leave ( )  
 (iii) To be treated as on Duty ( )
  7. Whether TA/DA shall be required to be paid (Yes / No)  
 If yes, head of account.....
  8. The following will look after the work in my absence on...../for the period  
 from ..... to .....
9. Address and Contact Number during Leave  
 (i) Name.....  
 (ii) Designation.....  
 Name .....  
 Address.....  
 Contact Number: .....

Name .....

Designation ..... **[Signature of applicant]**

Dated..... Department .....

**Office Report**

1. Total Casual Leave/ Special Casual Leave/Duty Leave availed during the current Calendar /  
 Academic Year till date: ..... Days
2. Balance of Casual Leave / Special Casual Leave/Duty Leave at present.....Days

**Signature of the Dealing Assistant**

**Forwarding Remark / Recommendation**

Chairman / Principal etc.  
 [Seal]

Dean  
 [Seal]

**SANCTIONED**

Dated .....

Name & Designation  
 [Seal]