

DEPARTMENT OF SOCIOLOGY  
ALIGARH MUSLIM UNIVERSITY, ALIGARH.

**APPLICATION FOR CASUAL LEAVE**

Name of applicant : \_\_\_\_\_

Designation : \_\_\_\_\_

Period of Leave : \_\_\_\_\_

Purpose of leave : \_\_\_\_\_

Address when on leave : \_\_\_\_\_

Dated:- \_\_\_\_\_

**Signature of Applicant**

C/L due \_\_\_\_\_ days

C/L required \_\_\_\_\_ days

Balance \_\_\_\_\_ days

**CHAIRMAN**

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