

ALIGARH MUSLIM UNIVERSITY, ALIGARH

FORM FOR APPLICATION FOR LEAVE

[Appendix I Referred to in rules 5 (2) (ii)]

Leave A/c No.

I.D. No.

Name of the Department:

Vacation /Semi Vacation/Non Vacation

Office Office Office

Notes: 1. Item 1 to 10 must be filled in by the applicant.

2. All application for leave shall clearly state the nature of the leave applied for.

3. No officer will leave the station until he has received permission to do so.

4. The leave application will be sent to the Finance & Account Deptt. for certifying admissibility for leave through the Chairman of the Deptt./Head of Office.

5. The leave application should reach in the Finance & Accounts Deptt. at least 14 days before the date from which the leave starts.

- | | | | |
|-----|---|---|------------------|
| 1. | Name of applicant..... | : | S/o,D/o,W/o..... |
| 2. | Designation and scale of pay | : | |
| 3. | Whether temporary, on probation or permanent | : | |
| 4. | Substantive Post held if any in the case officiating person of those on probation | : | |
| 5. | Nature of leave applied for i.e. F/L, D/L, HPL, Commuted leave, or Ex-O. Leave | : | |
| 6. | Period of leave applied for and date from which required | : | |
| 7. | If the leave applied for is preceded by casual leave Special Casual leave, compensatory Leave, period of that leave with date | : | |
| 8. | Ground on which leave is applied for | : | |
| 9. | Date of return from last leave (Other than Casual Leave, Special Casual Leave and Compensatory Leave) and the nature and period of that leave | : | |
| 10. | Address during the leave | : | |

.....
Signature of Applicant

Date

Forwarded to Finance & Accounts Deptt. for certifying title to the leave applied for.

Dated

.....
Chairman of the Deptt. / Head of Office

R.I.O. with the remarks that:

D.A.

S.O. (L)

A.F.O. (L)

Report of Finance & Accounts Department

The leave applied for days is due to the applicant as per his leave account (No.) which has been brought up-to-date. The leave sanctioned or otherwise in respect of above report may kindly be intimated to this office.

.....
Leave Assistant

.....
Section Officer(L)

.....
Asstt. Finance Officer
(Leave)

Remarks/recommendation of Chairman of the Dept./Head of Office, with report on arrangement for work, if leave is recommended.

.....
Chairman of the Dept./Head of Office

ORDER

Sanctioned Leave for From to
.....

.....
Signature of sanctioning authority