



جامعہ ہمدرد

JAMIA HAMDARD

(Deemed to be University)

Accredited by NAAC in 'A+' Category

Hamdard Nagar, New Delhi-110062

Phone : 011-26059688 (12 Lines)

Website: www.jamiahamdard.ac.in

D. No. Estab./LD/2025/1657

Dated: 05/12/2025

CIRCULAR

Sub.: Revised Leave Application Format – Reg.

All employees are hereby informed that the format of leave application for all type of leaves has been revised and the new format is enclosed herewith.

2. Therefore, all employees are hereby required to submit their leave applications **strictly in the prescribed format** with immediate effect. Leave applications submitted in any other format will not be entertained or processed.

3. The new format of leave application may also be obtained from the Establishment Section or downloaded from the Jamia Hamdard website.

Authority: Approval of the Vice-Chancellor dated 03-11-2025.


(Col. Tahir Mustafa)
Registrar

Copy to:

1. All Deans of Schools/Heads of the Departments/Directors/In charge-Units
2. Dean Academics/ DSW/Provost (Boys/Girls)
3. Finance Officer/Controller of Examination (CoE)
4. In-charge HAH CIT- to upload it on JH website
5. A.R./Secretary to VC/ Sr. P.A. to Registrar
6. Guard File



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LEAVE APPLICATION FORM

1. Name of the employee and EMD ID : _____
2. Designation : _____
3. Department : _____
4. Alternate Arrangement of Assigned duty : _____
5. **Leave Details - Type of Leave Applied:**
☐ Earned Leave (EL) ☐ Commuted Leave (Medical)/HPL ☐ Casual Leave (CL)
☐ Special Casual Leave (SCL) ☐ Duty Leave (DL) ☐ Leave for Contractual Emp.
☐ Any Other Leave, Please specify.....
6. Number of days of leave applied for : Days:____ From:_____ TO:_____
7. Purpose of leave : _____
8. Address during leave : _____
9. **Leave Availed/Balance :**

Type of Leave Applied	Availed	Balance

I hereby declare that the information provided above is correct. I shall not leave the station without prior approval of leave.

Place: Jamia Hamdard, New Delhi

Date: _____

(Signature of Employee)

10. Recommendations & Approval

HoD: ☐ Recommended ☐ Not Recommended

Remarks: _____

Signature: _____ Date: _____

Dean: ☐ Recommended ☐ Not Recommended

Remarks: _____

Signature: _____ Date: _____

☐ SANCTIONED

☐ NOT SANCTIONED

(Signature of Competent Authority)

Note: No employee shall leave the station without prior sanction of leave/permission.