

JAMIA HAMDARD

(HAMDARD UNIVERSITY)
HAMDARD NAGAR NEW DELHI

LEAVE APPLICATION FORM

NOTE : No employee will leave the station without prior sanction of leave / permission to leave the station.

1. Name of the applicant
(in block letters)
 2. Designation
 3. Name of the Deptt. or Office (i) Whether it
is a vacation or non-vacation Deptt.
 4. Whether appointment is adhoc, on pro-
bation or permanent
 5. Nature of leave applied for i.e. E.L., H.P. L.,
Medical Leave, etc.
- Note : Leave on medical ground should be
supported by Medical Certificate
6. Period of Leave applied for.....days from.....to.....
 7. Ground on which leave is applied for
 8. Address during the leave period.
.....

Dated;

Signature of the Applicant

Remarks / Recommendation of the Head of Office / Deptt., with the report regarding balance of Casual Leave at the credit of the applicant.

Dated:

Signature of the Head of
Office / Deptt.
(Seal)