



JAMIA HAMDARD
(Deemed to be University)
Hamdard Nagar, New Delhi - 110062

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.