



# SHAHEED BHAGAT SINGH COLLEGE

( University of Delhi )

**NEW DELHI**

LEAVE APPLICATION

DAIRY NO. ....

DATE OF RECEIPT .....

DIARIST

## LEAVE APPLICATION FOR ACADEMIC STAFF

Name in Full \_\_\_\_\_

Leave Applied for \_\_\_\_\_  
(Write date / s)

No. of days \_\_\_\_\_

Type of leave desired : (Casual / Spl. Casual / Earned /

Medical on Half pay  Commuted Medical on full \_\_\_\_\_  
Pay / Half pay on private affairs)

Reason of leave \_\_\_\_\_

Medical Certificate must be submitted along with the application and fitness certificate should be submitted at the time of reporting for duty.

Date .....

Signature \_\_\_\_\_

Encl. : If any

Department \_\_\_\_\_

LEAVE RECOMMENDED / NOT RECOMMENDED

Date .....

Principal

### FOR OFFICE USE

Casual / R.H / Medical / Earned Leave Due \_\_\_\_\_ days.

DEALING ASSISTANT

Principal / Vice Principal

S.O. (ADMN.)