



## Leave Application Form

### Applicant's Section

To .....

Date: .....

Name of the applicant: .....

PIN: .....

I, seek approval for leave on/from the date of ..... to ..... total ..... day(s)

For half day leave - ☐ Morning ☐ Afternoon

#### Type of Leave Requested (Please tick where necessary):

- ☐ Earned
- ☐ Sick
- ☐ Casual
- ☐ Medical
- ☐ Quarantine
- ☐ Sabbatical

#### Available Leave Balance:

Earned leave ..... day(s)

Sick/Casual leave ..... day(s),

till .....

.....  
Signature of the applicant

Designation: .....

Department/School/Institute/Centre: .....

Mobile number: .....

Emergency contact number: .....

### Approval Section

..... day(s)

Please tick where necessary:

- ☐ Leave with pay
- ☐ Leave without pay

.....  
Signature of approving authority with date