



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