



## 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