

**DR B R AMBEDKAR NATIONAL INSTITUTE OF TECHNOLOGY, JALNADHAR**  
**APPLICATION FOR CASUAL/ACADEMIC LEAVE**

Dated:

Name of the Applicant: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Department/office: \_\_\_\_\_  
Date(s) of Leave: \_\_\_\_\_  
Ground on which  
Leave is applied: \_\_\_\_\_  
Address during leave: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant

Recommended

C.L/E.L/A.L. \_\_\_\_\_ Due days

C.L/E.L/A.L. granted for \_\_\_\_\_ days

Entered at SR. No. \_\_\_\_\_

Sanctioned