## **LEAVE APPLICATION FORM**

Name	Institute
Designation	.Date of Joining.
Type of leave: C/L, E/L, S/L	FromTo
Arrangement during absence (if neces	sary)
Contact No. & Address during leave .	
Date:	Signature of Applicant
F	FOR OFFICE USE
Type of leave: C/L, E/L, S/L	Leave due as on
Leave applied forday	ys Balance
Date:	Signatures- Dealing Asstt.
Leave recommended	Admin-Head
Date: Sanctioned / Not Sanctioned	Signatures / Recommending Authority
	Sanctioning Authority