

**ADITI MAHAVIDYALAYA
(UNIVERSITY OF DELHI)
AUCHANDI ROAD, BAWANA
DELHI -110039**

Casual/Compensatory Leave Application Form

Name _____ Designation _____

Nature of Leave applied for Casual/Compensatory

From _____ to _____ Number of Days _____ (in words) _____

Reason _____

Date

Signature of Applicant

For Office use only

Leave Due (Casual/Compensatory) _____

Leave Applied (Casual/Compensatory) _____

Balance _____

Dealing Assistant

Section Officer (Admn.)

Principal