

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

LEAVE APPLICATION FORM

1. Name Of the applicant:
2. Post held :
3. Section / Department:
4. Nature of leave applied for:
5. From To (..... days)
6. Sunday and holiday, if any, proposed to be prefixed /suffixed.....
.....
7. Ground on which leave is applied for.....
.....
8. I propose / do not propose to avail myself of Leave Travel Concession for the block
year.....
.....
9. Address during leave :
10. Certified that this is the minimum period of leave required by me.

Date :

Signature of Applicant.....

Recommendations of the Office In charge/TIC.....

FOR OFFICE USE ONLY

..... days Earned leave /commuted/half pay
Leaveis due At his /her credit (as on date of the
application) Leave applied for / availed of fromto
.....i.e for Days
may be considered for sanction please

Dealing Assistant

Section Officer (Admn.)

Principal