****

Form No. 2

****

**application for leave**

**Department/School/Office.........................................................................................................**

**Part-A**

1. Employee No. : ...............................................................................
2. Name of the Applicant :................................................................................. Designation : ...............................................................................
3. Nature of leave : ...............................................................................
4. Purpose of leave : ...............................................................................
5. Period of leave required : From...............................to....................................

(Total ........................ Days)

7. Details of Prefix/Suffix : Prefix- From...............................to..........................

Suffix-From...............................to...........................

8. Station leave permission (if required) : From...............................to.....................................

9. Address during leave with Mob No. : ................................................................................

.................................................................................

.................................................................................

10. Person taking charge during leave (Name) : ................................................................................

Signature & date : ................................................................................

11. Arrangement for Class work/work : ................................................................................

12. Signature of the applicant with date : ................................................................................

**Part-B**

13. Forwarding Note/Recommendation of the Head of the Department/Coordinator of the School/In charge of the Unit

14. If not recommended, reason(s) may be mentioned

Signature of Head of the Department/Coordinator of the School/In charge of the Unit

**Part-C**

15. Leave as proposed at Sl No. 4 & 6 is sanctioned

16. Leave only from…………………………………..to…………………………..is sanctioned

17. Leave applied for is not granted (Reason(s) is/are to be mentioned)

Signature of Sanctioning Authority