

BHARATI COLLEGE
(UNIVERSITY OF DELHI)

APPLICATION FOR LEAVE / EXTENSION OF LEAVE

I.D. No.: _____

Date : _____

Name : Dr. / Ms. / Mr. _____

Designation : _____ Department _____

NATURE OF LEAVE : Casual / Compensatory / Earned / Half Pay / Commuted / E.O.L : Day(s) _____

Duration : For/From _____ to _____

Dates (Prefix and Suffix): _____

Reason : _____

Address (In case going out of station) : _____

Signature of the Employee

OFFICE REPORT

Date : _____

Leave Due : _____

Leave to be Considered : From _____ to _____

No. of Days(s) : _____ Balance. _____

REMARKS : _____

Dealing Asstt.

Section Officer (Admn.)

Administrative Officer

Principal