



**SHAHEED SUKHDEV COLLEGE OF BUSINESS STUDIES
(UNIVERSITY OF DELHI)
PSP AREA-IV, Dr. K.N. KATJU MARG, SECTOR-16, ROHINI, DELHI-110089**

APPLICATION FOR LEAVE

(PLEASE FILL IN ALL THE FIELDS MENTIONED BELOW. INCOMPLETE FORM WILL NOT BE ACCEPTED)

1. Name of the applicant: _____
 2. Designation: _____
 3. Department: _____
 4. Pay in the Pay Band with Grade Pay: _____
 5. Nature and period of leave applied for and date from which required (**Attach Medical Certificate in case of Medical Leave/Earned Leave, if taken for medical reasons**): _____
 6. Sundays and holidays, if any, proposed to be prefixed/suffixed to leave: _____
 7. Grounds on which leave is applied for : _____
 8. Date of last leave taken and the nature and period of that leave: _____
 9. Applicant proposes/do not proposes to avail of Leave Travel Concession/Home Travel Concession for the block year _____ during the ensuing leave. (**In case applying For LTC/HTC**).
 10. Address during the leave period: _____
- (In case of Earned Leave/Outstation Leave prior approval needs to be taken)**

(Signature of Applicant)

Date: _____

Leave recommended by:

Section Officer

Sr. PA to Principal

Lab Incharge

Librarian

(Administrative Officer)

CL/Compensatory Leave/EL/HPL/CCL/Commutated Leave at present in credit: _____

Leave availed: _____

Balance: _____

Dealing Assistant

Administrative Officer

Leave Sanctioned:

(Principal)