



SHAHEED SUKHDEV COLLEGE OF BUSINESS STUDIES
(UNIVERSITY OF DELHI)
VIVEK VIHAR, PHASE-II, DELHI-110 095

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/Child Care Leave at present in credit: _____

Leave availed: _____

Balance: _____

Dealing Assistant

Administrative Officer

Leave Sanctioned:

(Principal)