

SHRI RAM COLLEGE OF COMMERCE, DELHI

APPLICATION FOR LEAVE

Name

Designation Nature of Leave

Deptt./ Section No. of Days

Date from to

Holidays Prefixed/ Suffixed

Reasons

Leave Address

Dated

Signature

AVAILABILITY (For Office Use)

Balance on Date

Day..... CL.....

..... EL

Medical / H.P.L. Assistant S.O. (Adm.) A.O.

Recommended

Sanctioned

(Recommending Authority)

PRINCIPAL

1. Noted in C.L. Register Page Sr. No. Col. No.

2. Noted in E.L. Register Page

3. Noted in the Half- Pay Leave/ Medical Leave Register Page

Assistant

S.O. (Adm.)

A.O.