

KALINDI COLLEGE

(UNIVERSITY OF DELHI)

APPLICATION FOR LEAVE

1. Name of the applicant.....
2. Post heldDepartment
3. Nature of leave applied for
- FromTo.....Total No. of days
4. Reason on which leave applied.....
5. Address during the leave.....

Date.....

.....
Signature

FOR OFFICE USE ONLY

Kind of Leave	Applied		Total	Due	Balance
	From	To			
Casual / Earned/
Half Pay/					
Committed / Medical/					
Compensatory					
R.H.					

Assistant

S.O. (Admn.)

A.O.

Principal