



APPLICATION FORM FOR EARNED LEAVE / HLAIF PAY LEAVE / COMMUTED LEAVE

1. Name of the Employee with designation :
.....
2. I.D. No. :
.....
3. Dept. / Section :
.....
4. Whether Permanent / Probation / :
Temporary / Deputation :
.....
5. Nature of leave applied now and number of :
Days with period :
.....
6. Purpose for which leave is required :
.....
From To
7. Leave address, if granted :
.....

Date: _____ Signature of the Employee
Recommended / Not Recommended

Signature with Designation

FOR THE USE IN THE OFFICE OF THE REGISTRAR (PERSONAL SECTION)

Verified that..... Days..... Leave is
at his / her credit as on.....

Dealing Assistant

Section Officer / Asst. Registrar

Sanctioned / Not Sanctioned

Registrar

Gachibowli, Hyderabad – 500 032, A.P. India

Tel: +91(040) 2300-6601(VC-Office), 2300-6121(Registrar), 2300-6604(Fax)
EPBAX 2300-6612, 13, 14, 15 Website: www.manuu.ac.in