



SRI VENKATESWARA COLLEGE
(University of Delhi)

Date:

CASUAL LEAVE APPLICATION FORM

- 1. Name and Designation of the Applicant :
- 2. Number of Days applied for leave :
- 3. Date (From_____To_____):
- 4. Reason for leave :

(In case of employee going out of Station – Please Tick)

- A) I may please be permitted to be away from the Station during the leave period.
- B) I will be claiming/not be claiming Leave Travel Concession.
- C) Address during Leave period :

Signature of the Applicant

Recommended By :: S.O. (Admn/Acts)/Teacher – in – Charge/Technical Assistant/ Librarian.

GRANTED

Dealing Assistant S.O.(Admn) Administrative Officer Principal



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