



FORM: ADMN/2A-C

LEAVE APPLICATION (Administrative Staff -Contract)

1	Name	Dr./ Mr./ Ms.			
2	Designation				
3	Dept./Section/ Centre				
4	Nature & Period of Leave (For Spt. CL, Commuted Leave, Maternity Leave, Paternity Leave etc. Please attach supporting papers)	Nature	From	To	No. of Days
5	Holidays,	Prefix	From:	To:	No of Days:
	Prefixed/ suffixed	Suffix	From:	To:	No of Days:
6	Reasons for leave				
7	Whether Station Leave Permission required or not	Yes, From:	To:	No	
8	Alternative Arrangement during the proposed leave				
9	Signature of Alternative Arrangement				
10	Address on Leave	:			
		Contact Phone No: (if any)	Pin:		

Signature of the Applicant

Note:

- All kind of leave, should be applied in this form and forwarded to the Director for approval after Recommendation of the Registrar.***
- The approved leave form may then be forwarded to the Admin Section for reconciliation and record Purpose.***

