

DELHI COLLEGE OF ARTS & COMMERCE

(UNIVERSITY OF DELHI)
NETAJI NAGAR, NEW DELHI-110 023.

APPLICATION FORM FOR LEAVE

NAME _____

POST HELD _____ DEPARTMENT _____

FROM/FOR _____ TO _____ NO. OF DAYS _____

NATURE OF LEAVE _____

GROUND ON WHICH LEAVE IS APPLIED FOR _____

ADDRESS WHERE LEAVE AVAILED _____

DATED _____

SIGNATURE _____

FOR OFFICE USE

| NATURE OF LEAVE | FROM | TO | NO. OF DAYS | DUE | BALANCE |
|-----------------|------|----|-------------|-----|---------|
| CASUAL | | | | | |
| COMPENSATORY | | | | | |
| EARNED | | | | | |
| MADICAL/COMMTT. | | | | | |

OFFICE REMARKS :

ASSISTANT _____

SECTION OFFICER _____

PRINCIPAL _____

Note :- At the time of joining, please submit joining report for Earned Leave and Fitness Certificate for Medical Leave.