

**INDRAPRASTHA COLLEGE FOR WOMEN
(UNIVERSITY OF DELHI)**

LEAVE APPLICATION (STAFF)

1. Name of Applicant
2. Post held
3. Department/ Section
4. Period for leave applied for
From To Total Days.....
5. Sunday and holiday, if any, proposed to be prefixed / suffixed to Leave
.....
6. Nature of leave applied for
7. Grounds on which leave is applied for
8. I propose / do not propose to avail myself of Leave Travel Concession for
the block year during the ensuing leave.
9. Address during leave
.....
10. Certified that this is the minimum period of leave required by me.

Date

Signature of Applicant

FOR OFFICE USE

1. Recommendations by the Department / Section-in-charge
.....
2. Title of leave by the Section concerned
.....
3. Remarks by Sanctioning Authority
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