



डॉ० हरीसिंह गौर विश्वविद्यालय, सागर
(केन्द्रीय विश्वविद्यालय)
DR. HARI SINGH GOUR VISHWAVIDYALAYA, SAGAR (M.P.)

Date/...../.....

Application for Casual Leave/RH

Name of the Applicant :

Division / Sections :

Address during leave :

Kind of leave (s)	Period of days		No. of days	No. of days availed	Balance leave (to be filled by office)
	From	To			
Casual Leave Special Casual Leave / Duty Leave					
RH					
CH					

Reason (s) - Ground of leave

Certified by :

Name of the dealing Assistant

1. Balance leave to be certified by dealing assistant
2. Column balance leave should be filled before this application is submitted to the sanctioning authority duly signed by D/A

..... Signature of the applicant

..... Post

..... Department

Remarks : Recommendation of the head/In-charge

Order of sanctioning authority

1. Leave sanctioned/Not sanctioned/any other remarks.
2. Entry made in the leave register vide page No..... Sl. No.
3. Admn. Office/Dean/Head of Department.

Signature of sanctioning Authority