

**JAMIA HAMDARD**  
(HAMDARD UNIVERSITY)  
HAMDARD NAGAR NEW DELHI

**LEAVE APPLICATION FORM**

**NOTE :** No employee will leave the station without prior sanction of leave / permission to leave the station.

1. Name of the applicant  
(in block letters) .....
2. Designation .....
3. Name of the Deptt. or Office (i) Whether it  
is a vacation or non-vacation Deptt. ....
4. Whether appointment is adhoc, on pro-  
bation or permanent .....
5. Nature of leave applied for (i.e. E.L., H.P.L.,  
Medical Leave, etc. ....  
Note : Leave on medical ground should be  
supported by Medical Certificate
6. Period of Leave applied for ..... days from ..... to .....
7. Ground on which leave is applied for .....
8. Address during the leave period .....

Dated:

Signature of the Applicant

Remarks / Recommendation of the Head of Office / Deptt., with the report regarding balance of Casual Leave at the credit of the applicant.

Dated:

Signature of the Head of  
Office / Deptt.  
(Seal)

P.T.O.

(FOR OFFICE USE)  
REPORT OF THE ESTABLISHMENT SECTION

.....days..... leave are due / not due to the applicant.

Leave as noted below is proposed for sanction.

Dealing Asst.

Section Officer

Date.....

Date.....

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**O R D E R**

Leave as proposed above is sanctioned.