

MAHARAJA AGRASEN COLLEGE
(University of Delhi)
Vasundhara Enclave, Delhi-110096

Application Form for Leave

1. Name: _____
2. Designation: _____ 3. Department: _____
4. Leave availed from _____ to _____
5. Nature of Leave:[Casual/Earned/Compensatory/Medical/Others(Please specify)_____]
6. Grounds on which leave is applied for _____
7. Address during Leave Period: _____
8. During leave who will manage the work assigned: _____

Date: _____

Signature of Applicant

For office use only

1. Nature of Leave applied: _____
2. Number of Leave in credit: _____
3. Number of days for which has been Leave has been availed: _____
4. Leave Balance: _____

Leave Recommended/ Not Recommended

HOD

Leave Approved/ Not Approved

Principal

Acknowledgement

Received leave application from Dr./Mr./Mrs./Ms. _____ for _____
(Kind of Leave) from _____ to _____ vide college Diary no. _____ dated _____.

Signature of Dealing Assistant