

Leave Application for PDRF

Date- ____ / ____ / ____

Casual Leave		Annual Leave		Station Leave	
Loss of Pay			Others (Specify)		

1. Name:			2. Designation:		
3. Department:			4. PF. No.:		
5. Leave Summary					
Type of Leave		From		To	
Total No. of days applied for					
In case of Holidays		Type of Leave		Prefixing Date	
6. Purpose of leave:				Contact No:	
7. Address during leave of absence:					
8. Charge/Officiating arrangement during leave of absence *:		Position holding		Name	
		Sign. of officiating Faculty			
Signature of the PDRF		Forwarded by		Sanctioned	
		Supervisor/Mentor			
				FIC/Coordinator/HoD	

For Office use only

Type of leave:		Recommended / Approved		Approved as per rules	
Leave availed:					
Leave available:					
OA(MS)	AR (Faculty Affairs)				
		DoFA		DoFA/ Dy Director/ Director	