

VALLABHBHAI PATEL CHEST INSTITUTE

University of Delhi, P.O. Box No.2101
Delhi-110007

APPLICATION OF LEAVE OR FOR EXTENSION OF LEAVE

1. Name of Applicant :
2. Post held :
3. Department and Section :
4. Pay :
5. House rent and other compensatory allowances:
drawn in the present post :
6. Nature and period of leave applied for and :
date from which required :
7. Sundays and holidays, if any, :
proposed to be prefixed/ surffixed to leave :
8. Grounds on which leave is applied for :
9. Date of return from last leave, and the :
nature and period of that leave :
10. I propose/ do not propose to avail my self of :
leave travel concession for the block years :
during the ensuing leave :
11. Address during leave period :
.....
.....

Signature of Applicant
(With Date)

12. Remarks and/ or recommendation of the (1) Recommended/ not recommended
Controlling Officer/ Head of Deptt. (2) Entered in Attendance Register

Date :-

Signature of HOD

CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

13. Certified that..... (nature of leave) for.....(period)
from.....to is admissible under leave rules applicable to the
employees of the Institute.

Signature of Dealing Asstt.

Signature of S.O.

14. Orders of the authority competent to grant leave :

Asstt./ Registrar/ Dy. Registrar/ Director