

**VALLABHBHAI PATEL CHEST INSTITUTE
UNIVERSITY OF DELHI
DELHI-110007**

APPLICATION FOR CASUAL LEAVE/
SPECIAL CASUAL LEAVE/ COMPENSATORY LEAVE

Name _____ Designation _____

Section / Department _____

Number of days of CL Applied _____ days

Period and dates of CL : From _____ to _____

Dates of holidays to be availed as Prefix / Suffix to CL: _____

Reason for CL _____

Address if CL is applied for out of station visit _____

Date :

Signature of Employee

Recommended/Not Recommended

Signature of HOD/Sec./IC

Order of Sanctioning Authority _____

Signature of AR/DR/Director