

# Swami Shraddhanand College

(UNIVERSITY OF DELHI)  
ALIPUR, DELHI - 1110036

## LEAVE APPLICATION FORM

Name of the applicant.....

Designation..... Department.....

Nature of leave applied for..... Days.....

From..... To.....

Ground on which leave applied.....

Address during leave  
if leave exceeds five days.....

Date.....

Signature of the applicant

---

### FOR OFFICE USE ONLY

---

Leave already availed for.....Days

Leave applied for.....Days

Balance C. L.....days E. L.....Days.....Medical Days

Dealing Assistant Leave

Section Officer (Admin.).....

Remarks by the incharge of the Department Concerned.....

Remarks by the Principal : Sanctioned / Not sanctioned.....

PRINCIPAL