



HAMDARD INSTITUTE OF MEDICAL SCIENCES & RESEARCH

HAMDARD NAGAR, NEW DELHI-110062

CASUAL / ACADEMIC LEAVE APPLICATION FORM

APPLICATION	NAME.....		Designation.....			
			Department.....			
LEAVE APPLIED FOR	Days Casual / Academic Leave					
	Date		Signature			
			Address During Leave Period			
LEAVE POSITION & RECOMMENDATION	Details				Purpose	
	Category	Availed so far	Present Position	Remarks		
	C. Leave					
	A. Leave				Remarks / Recommendation of Department Head	
				Date	Signature	
SANCTION ETC.	Days Casual / Academic Leave Sanctioned / Rejected				Remarks, if any	
	Date				Sanctioning	
	Authority					