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

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

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***