



**SRI VENKATESWARA COLLEGE**  
(University of Delhi)

Date:

**CASUAL LEAVE APPLICATION FORM**

1. Name and Designation of the Applicant : .....
2. Number of Days applied for leave : .....
3. Date (From\_\_\_\_\_To\_\_\_\_\_): .....
4. Reason for leave : .....

**(In case of employee going out of Station – Please Tick)**

- A) I may please be permitted to be away from the Station during the leave period.
- B) I will be claiming/not be claiming Leave Travel Concession.
- C) Address during Leave period : .....

Signature of the Applicant

**Recommended By** :: S.O. (Admn/Acts)/Teacher – in – Charge/Technical Assistant/ Librarian.

**GRANTED**

Dealing Assistant                      S.O.(Admn)                      Administrative Officer                      Principal



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