

# KALINDI COLLEGE

(UNIVERSITY OF DELHI)

## APPLICATION FOR LEAVE

1. Name of the applicant.....
2. Post held .....Department .....
3. Nature of leave applied for .....
- From .....To.....Total No. of days .....
4. Reason on which leave applied.....
5. Address during the leave.....

Date.....

.....  
Signature

### FOR OFFICE USE ONLY

Kind of Leave	Applied		Total	Due	Balance
	From	To			
Casual / Earned/ .....	.....	.....	.....	.....	.....
Half Pay/					
Committed / Medical/					
Compensatory					
R.H.					

Assistant

S.O. (Admn.)

A.O.

Principal