

APPLICATION FOR LEAVE – AIDED STAFF

Name	:		
Designation	:		
Department	:		
Please grant me leave as follows	:		
Category	:	Casual / Earned UEL on MC/PA/On Dut	_ Leave y
No. of day required	:		
Period	:	 To	
Purpose	:		
No. of days already taken in this car	tegory		
			Signature
Forwarded / Sanctioned			

HOD PRINCIPAL SECRETARY