



डॉ हरीसिंह गौर विश्वविद्यालय, सागर (म.प्र.)
(केन्द्रीय विश्वविद्यालय)
DR. HARI SINGH GOUR VISHWAVIDYALAYA, SAGAR (M.P.)

Date / /

Application for Casual Leave / RH

Name of the Applicant :

Divisions / Sections :

Address during leave :

.....

Kind of leave (s)	Period of days		No. of days	No. of days availed	Balance leave (to be filled by office)
	From	To			
Casual Leave					
RH					
CH					

Reason (s) – Ground of leave:

Certified by:

Name of the dealing Assistant:.....

1. Balance leave to be certified by the dealing assistant
2. Column balance leave should be filled before this application is submitted to the sanctioning authority duly signed by D/A

..... Signature of the applicant
..... Post
..... Department

Remarks: Recommendation of the Head / In- Charge

1. Order of sanctioned / Not sanctioned / any other remarks.
2. Entry made in the leave register vide page no.: Sl.No.
3. Admn. Office / Dean / Head of the Department.

Signature of Sanctioning Authority