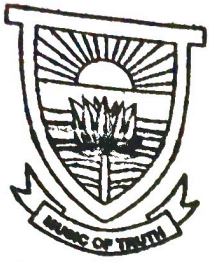


Telephone : 27667184



HINDU COLLEGE

UNIVERSITY OF DELHI
DELHI-110007

APPLICATION FRO LEAVE

Name _____

Designation _____ Department _____

Natural of leave applied _____ (Casual/Medical/urned/Academoc/other)

Period of leave applied for _____ days

From _____ to _____

Reason _____

Date of applying _____

Recommended :

SIGNATURE OF APPLICANT

_____ Department

leave already taken

_____ days
Sanctioed

ADMINISTRATIVE
OFFICER

PRINCIPAL

FOR OFFICE USE