

UNIVERSITY COLLEGE OF MEDICAL SCIENCES
DILSHAD GARDEN, DELHI-110095

LEAVE APPLICATION FORM

Application for grant of (kind of leave): _____
Name: _____ Designation: _____
Section / Department: _____
Leave applied: from _____ to _____
Reason for leave: _____
Address during the leave period in case of station leave: _____

Date: _____ Signature of Applicant _____
Forwarded with specific comments regarding grant of leave, Recommended / Not recommended.

Head of Deptt./Section

Casual/ Earned/ Half pay leave due: _____
Casual/ Earned/ Half pay commuted: _____
(On Medical Ground) leave applied: _____
Casual/ Earned/ Half pay (after debiting double the period of the half pay leave due).
If on Medical Ground, leave balance _____

S.O. _____ A.R. _____

Dealing Assistant

D.R. _____ Principal _____

FOR ESTABLISHMENT SECTION
INTIMATION FOR SANCTION OF LEAVE

MC/Estab.: _____ Dated: _____

With reference to his/her application dated _____ recommended by the Head of Department/
Section In-charge, Dr./Sh./Smt. _____ Designation _____
working in the Department/Section _____ has been sanctioned
Casual/ Earned/ Special Casual/ Half pay commuted leave (on Medical Ground of full pay) from
_____ to _____ with permission to the leave station.

Duty resumption report to be submitted on resumption of duty/resumed duty on _____

| | | | |
|-----------------------------|--|-------------------------------|--|
| Earned Leave Balance | | Half Pay Leave Balance | |
|-----------------------------|--|-------------------------------|--|

Dr./Sh./Smt.: _____ (Through: Head of the Department/Section In-charge)
Designation: _____
Department/Section: _____

Note: Earned leave in dribbles is to be discouraged.

Assistant Registrar (Establishment)