**NTU/LAF/11**

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|  | **National Textile University** |

***LEAVE APPLICATION FORM***

***Cadre: (BPS / Regular / Contract)***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason/Purpose of Leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address during Leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Type of Leave Requested***

Casual Leave From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No of Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Leave From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No of Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Earned Leave From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No of Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other Leave from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No of Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Substitute work will be performed by: Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***FOR REGISTRAR OFFIC USE ONLY***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Detail of Leave** | **Casual Leave** | **Medical Leave** | **Earned Leave** | **Any Other Leave** |
| 1. | Leave Available |  |  |  |  |
| 2. | Leave Availed |  |  |  |  |
| 3. | No of day leave (s) applied for |  |  |  |  |
| 4. | Balance Leave (s) |  |  |  |  |

Leave Recorded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended/Not Recommended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Head of Department**

Approved/Not Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dean Faculty**

**Rector**

**Note:**  Leave must be forwarded to Recommending/Approving Authority after leave record is filled up by the Registrar Office.