

NETAJI SUBHAS INSTITUTE OF TECHNOLOGY

SECTOR-3, DWARKA, NEW DELHI – 110045

LEAVE APPLICATION

(EXCEPT CASUAL LEAVE)

1. Name of applicant _____
2. Pay & Post held _____
3. Department Office & Section _____
4. Name of Leave _____
5. Period & Date from which leave is require _____
6. Sunday and Holidays, if any, proposed to be prefixed/suffixed to leave _____

7. Ground on which leave is applied for _____
(permission to leave station)
8. Date of return from last leave, and the nature and period of that leave _____

9. Address during leave period _____

Date _____

Signature of Applicant

10. Remarks and/or recommendation of the Controlling Officer.

Signature (with date)
Designation

CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

11. Balance of Leave : Earned Leave _____ HPL _____
12. Certified that _____ (Nature of Leave) for _____ (period)
from _____ to _____ is admissible under Rule _____ of the
NSIT Leave Provision

Signature (with date)
Designation

13. Orders of the authority competent to grant Leave/Station Leave _____

Signature (with date)
Designation

