



DELHI PHARMACEUTICAL SCIENCES AND RESEARCH UNIVERSITY
DELHI INSTITUTE OF PHARMACEUTICAL SCIENCES AND RESEARCH

PUSHP VIHAR, SECTOR-III, MB ROAD, NEW DELHI - 110 017



1/c

APPLICATION FOR CASUAL LEAVE/ RESTRICTED HOLIDAY /OFFICE DUTY & COMPENSATORY LEAVE

NAME OF THE STAFF MEMBER: _____ EMPLOYEE CODE NO: _____

DESIGNATION: _____ PERMANENT/ CONTRACTUAL/ DAILY WAGE: _____

DIVISION/SECTION/UNIT: _____

NATURE OF LEAVE *: CL /RH /OD /MEDICAL /OTHERS

(*If compensatory, need to mention the date on which extra duty was done _____)

DURATION NO. OF LEAVE: _____ days; FROM: _____ TO _____

REASON(S) OF LEAVE: _____

ADDRESS AND PH. NO. DURING THE LEAVE PERIOD: _____

TEACHING ADJUSTMENT/OTHER RESPONSIBILITY DURING LEAVE:

Date	Name of staff with duties assignments	Signature of staff taking duty

DATED: _____

(SIGNATURE OF THE STAFF)

APPROVED BY HOD: _____

Remarks if any: _____

APPROVED BY DEAN (for faculty): _____

Forwarded to Administration

Inward No. _____

Type of Leave	Availed Leave	Balance after this Leave
CL		
SP.CL		
RH		
Medical		
Others		

Remarks if any: _____

(Verified by the Admn/. (AR/Consultant (Admn.))

Approved/Not Approved (remarks if not Approved _____)

(Signature of The Competent Authority)
 Registrar/Hon'ble Vice Chancellor