



MAHARAJA AGRASEN COLLEGE

(University of Delhi)

Vasundhara Enclave, Delhi-110096

Application Form for Leave

1. Name : _____
2. Designation : _____ 3. Department : _____
4. Leave availed from _____ To _____
5. Nature of Leave: [Casual/Earned/Compensatory/Medical/Others (Please specify) _____]
6. Grounds on which leave is applied for _____
7. Address during Leave Period : _____
8. During leave who will manage the work assigned : _____

Date : _____

Signature of Applicant

For office use only

1. Nature of Leave applied : _____
2. Number of Leave in credit : _____
3. Number of days for which Leave has been availed : _____
4. Leave Balance : _____

Leave Recommended / Not Recommended

HOD

Leave Approved / Not Approved

Principal

Acknowledgement

Received leave application from Dr./Mr./Mrs./Mr. _____ for _____
(Kind of leave) from _____ to _____ vide college Diary No. _____ dated _____

Signature of Dealing Assistant