

SRI GURU GOBIND SINGH COLLEGE OF COMMERCE
(UNIVERSITY OF DELHI)
PITAMPURA, DELHI-110034

LEAVE APPLICATION

Name.....
(in capital letters)

DesignationBranch/Deptt.....

Period of leave fromTo.....

(No. of days)

Nature of leave

Reason

Date.....

Signature of applicant

Outstation address (in case the applicant is to go out of station)

.....
.....

In case Medical leave is } Name
sought, give name & address } Address.....
of the Medical Practitioner }

Recommended

Office report.....

Order

PRINCIPAL

(Leave ordinarily be got sanctioned before being availed of)