

JAMIA MILLIA ISLAMIA

NEW DELHI-110025

APPLICATION FORM

(All the items must be filled in by the applicant)

1. Name of the Applicant (in full with capital letters):.....
2. Designation:..... 3. Nature of Appointment:.....
4. Emp. ID: 5. Service Book No.:.....
6. Faculty/Deptt./Centre/Office:
7. Nature and period of Leave applied for:
and date from which required:..... To
8. Saturdays/Sundays & Holidays if any, proposed to be prefixed/suffixed:-
Prefix:..... Suffix:.....
9. Reason/Purpose for leave:
10. Permission for station leave required (Yes/No) :
11. Contact address and telephone number during leave.
(i) Postal address:
- (ii) E-Mail:
- (iii) Telephone/Mobile.:
12. Total No. of days already availed (in case of C.L./Special C.L./Duty Leave).....
13. Name of the senior most available faculty member, who will officiate during your absence
(In case of Deans/Heads/Directors) :

Date:

(Signature of Employee)

(1)days Casual Leave/ Special Casual Leave/Duty Leave are due upto

(2) Remarks/Recommendations

.....
(Dean)

.....
(HOD/Director)

.....
(Section Officer)

OFFICE USE

.....days Earned Leave/Commutated Leave are due upto.....

.....
Dealing Assistant
(SB & L Section)

.....
Section Officer
(SB & L Section)

- Note:
1. Application form only for Casual /Special Casual/Duty/Earned/Compensatory/Half Pay/Commutated/ Maternity /Paternity Leave.
 2. Supporting documents wherever necessary must be attached.