

NATIONAL INSTITUTE OF DESIGN, MADHYA PRADESH

APPLICATION FOR : CASUAL LEAVE (CL)

Part – I : Details of Employee

Ser No	Description	Details
1	Employee ID No	
2	Name	
3	Programme / Branch / Office	
4	Department	
5	Leave address	
6	Purpose	
7	Contact Nos	
8	Name of Reliever	
9	Duration of Absence	Leaving duty station on _____ at _____ (date) (time) Arriving duty station on _____ at _____

Part-II : Details of Leave

Already availed	Present requirement			
	No of days	From	To	Prefix / Suffix if any
				Prefix _____ Suffix _____

Date : _____ (Signature of Applicant)

Part-III : Recommending Officers

Faculty/Dept Head	CAO	Registrar
Signature:	Signature:	Signature:
Date : 2021	Date : 2021	Date : 2021

Part – IV : SANCTIONING AUTHORITY

Date : 2021 _____ Director

FOR OFFICE USE ONLY

Entitlement	Availed	Balance	Published vide	Signature