

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 : 2022 | Date : 2022 | Date : 2022 |

Part – IV : SANCTIONING AUTHORITY

Date : 2022 _____ Director

FOR OFFICE USE ONLY

| Entitlement | Availed | Balance | Published vide | Signature |
|-------------|---------|---------|----------------|-----------|
| | | | | |