

**NATIONAL INSTITUTE OF DESIGN, MADHYA PRADESH**

**APPLICATION FOR : EARNED LEAVE (EL)**

**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