

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 : 2020	Date : 2020	Date : 2020

Part – IV : SANCTIONING AUTHORITY

Date : 2020 _____ Director

FOR OFFICE USE ONLY

Entitlement	Availed	Balance	Published vide	Signature
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<u>NATIONAL INSTITUTE OF DESIGN, MADHYA PRADESH</u>				
<u>APPLICATION FOR : EARNED LEAVE (EL)</u>				
<u>Part – I : Details of Employee</u>				
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 _____		
<u>Part-II : Details of Leave</u>				
Already availed	Present requirement			
	No of days	From	To	Prefix / Suffix if any
				Prefix _____ Suffix _____
Date : _____ (Signature of Applicant)				
<u>Part-III : Recommending Officers</u>				
Faculty/Dept Head	CAO		Registrar	
Signature:	Signature:		Signature:	
Date : _____ 2020	Date : _____ 2020		Date : _____ 2020	
<u>Part – IV : SANCTIONING AUTHORITY</u>				
Date : _____ 2020 _____ Director				
<u>FOR OFFICE USE ONLY</u>				
Entitlement	Availed	Balance	Published vide	Signature

