NATIONAL INSTITUTE OF TECHNOLOGY Bhopal-462 051

A CONTRACT STREET, AV							
LEAVE APPLICATION FORM				Employee Code			
				Designation		-	
				Department			
Leave Detail							
Type of Leave Earned / HP / Commut	ed				Head Quarter Permission required Yes/No		
Period of Leave	Prefix H	oliday	From	То		Suffix Holiday	
Total Leave days excluding Prefix/ suffix			Address During leave				
Reason For Leave			X - 11				
Necessary Clas	s/Duty Arran						
		Person to	whom duty Assign	ned	Designation		Signature
Class Arrangement	UG						
	PG						
Additional / Altern Arrangement (If a							
For use of	of Establishm	ent Sect	ion				
Earned Leave Balance							
HP/Commuted Lea	ive Bala , e					8	1.3
Entered in Service Book On Page No. :				Signature of Employee		Recommendation of HoS/HoD	
Checked by	Verified by	Verified by AR /		Sanction of Approving Authority			Authority
Note :-						armig r	
 It is mandator The application his/her credit. 	on for EL/HPL shall If leave is applied	l be submitte on Medical	ation in the format. ad at least 21 days in Ground, Certificate from the competent	om appro	priate Doctor shou	ld be att	ached.
the same to E	stablishment Sec	tion.	e brought to the notice	1.000			

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