



Mohi-ud-Din Islamic University – Nerian Sharif – AJ&K

Leave Application Form

Name _____ Designation _____

Department _____

Leave applied from _____ to _____

Type of leave CL EOL

CL already availed (exclusive of current leave applied for) _____

Reasons for leave _____

Address during leave _____

Contact No. _____

Date _____

Applicant's Signature

Recommended/Not Recommended

Date _____

Head of Department

Sanctioning Authority

Campus Coordinator
(upto 2 day casual leave)

Date _____

For Campus Coordinator Office Use Only

Leave entitlement: 20 days during calendar year

Total Casual Leave (inclusive of current applied for) _____

Balance _____

Office Incharge