

# SARDAR PATEL UNIVERSITY

## APPLICATION FORM FOR PRIVILEGE LEAVE

- (1) Name of the Applicant :
- (2) Designation and Department :
- (3) Pay and other allowances (except D. A.) :
- (4) Nature of Leave (Privilege Leave, Sick Leave)  
(In the case of Sick-leave the certificate from the Registered Medical Practitioner should be attached)
- (5) Period of the Leave with dates : From \_\_\_\_\_ to \_\_\_\_\_ Days \_\_\_\_\_
- (6) Reasons :
- (7) Address for communication during leave period :

Date :

Remarks of the Recommending Officer :

Charge arrangement with \_\_\_\_\_

Signature of the Applicant

Signature with Designation  
of Recommending Officer

- (8) Report of the office/remarks.
  - (a) Balance of leave :
  - (b) Period and Nature of leave sanctioned :
  - (c) Charge to be kept by \_\_\_\_\_

Asstt. Registrar

REGISTRAR