

# SARDAR PATEL UNIVERSITY

## APPLICATION FOR CASUAL LEAVE

Date: \_\_\_\_ - \_\_\_\_ -20

Name of the Applicant :

Designation ..... :

Department/Section. :

Date/s on which Casual  
Leave is required ..... :

Reason..... :

No. of days of Casual  
Leave already enjoyed... :

Signature of Applicant

Head of the Deptt. / Section

REGISTRAR