

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) Reasonis :
- (7) Address for communication during leave period :

Date :

Signature of the Applicant

Remarks of the Recommending Officer :

Charge arrangement with _____

Signature with Designation
of Recommending Officer

- (3) 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