



DR. BHIM RAO AMBEDKAR COLLEGE

(University of Delhi)

MAIN WAZIRABAD ROAD, YAMUNA VIHAR, DELHI-110094

APPLICATION FORM FOR LEAVE

(For Academic Staff Only)

Name

Designation

Department

Nature of Leave required

Reason/Purpose of Leave.....

Period of Leave : From To..... No. of Days

Please attach medical certificate
for leave on medical grounds..

Signature with date
(Date must be the actual date
of submission in the office)

Recommended by Teacher incharge

Remarks by Sanctioning Authority

FOR OFFICE USE

1. Register No.....

1. Leave Due

2. Page No.

2. Leave Availed.....

3. Leave Balance

Dealing Asstt.

S.O. (Admn.)

A.O.

Principal