

**DYAL SINGH COLLEGE**  
**(UNIVERSITY OF DELHI)**  
**Lodhi Road, New Delhi-110003**

**LEAVE APPLICATION FORM**

Name .....

Designation ..... Department .....

Nature of Leave applied for .....

From ..... To .....

No. of Days .....

Reason .....

Address during leave .....

Date of Application ..... Signature of the Applicant

Recommended by .....

Office Report .....

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Order .....

.....

**PRINCIPAL**

**N.B. : Leave should be got sanctioned before it is actually availed.**