

**UNIVERSITY COLLEGE OF MEDICAL SCIENCES**  
**DILSHAD GARDEN, DELHI-110095**

**LEAVE APPLICATION FORM**

Application for grant of (kind of leave) \_\_\_\_\_

Name \_\_\_\_\_ Designation \_\_\_\_\_

Section / Department \_\_\_\_\_

Leave applied from \_\_\_\_\_ to \_\_\_\_\_

Reason for leave \_\_\_\_\_

Address during the leave period in case of station leave \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Forwarded with specific comments regarding grant of leave, Recommended / not recommended.

\_\_\_\_\_  
Head of Deptt./Section

- Casual/Earned/Half pay leave due \_\_\_\_\_
- Casual/Earned/Half pay commuted.
- (On Medical Ground) leave applied.
- Casual/Earned/Half pay (after debiting double the period of the half pay leave due).
- If on Medical Ground, leave balance \_\_\_\_\_

**SO / AR**

**Dealing Asstt.**

**JR**

**Principal**

**FOR ESTABLISHMENT SECTION**  
**INTIMATION FOR SANCTION OF LEAVE**

MC/Estab.: \_\_\_\_\_

Dated: \_\_\_\_\_

With reference to his/her application dated \_\_\_\_\_ recommended by the Head of Deptt./  
Section, Dr./Sh./Smt. \_\_\_\_\_ Designation \_\_\_\_\_

working in the Deptt./Section \_\_\_\_\_ has been sanctioned Casual/  
Earned/Spl. Casual /Half pay commuted leave (on Medical Ground of full pay)

From \_\_\_\_\_ to \_\_\_\_\_ with permission to the leave station.

**Duty resumption report to be submitted on resumption of duty / resumed duty on**

\_\_\_\_\_

Dr./Sh./Smt. : \_\_\_\_\_

Designation : \_\_\_\_\_

Deptt./Section : \_\_\_\_\_

Through Head of the Deptt.

**Note:** Earned leave in dribbles is to be discouraged.

Asstt. Registrar (Estab.)