



ZAKIR HUSAIN DELHI COLLEGE
(UNIVERSITY OF DELHI)

APPLICATION FOR LEAVE

Name of Applicant :

Post held :

Nature of appointment : Permanent/Adhoc

Department/Section :

Period of leave - from : to

Total Days :

Nature of Leave :

Reason of Leave :

I.D Number :

I propose/do not propose to avail LTC for the block
years during the ensuing leave.

Address during the leave :

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Certified that this is the minimum period of leave
required by me.

(Signature of applicant)

Dated Principal