



NATIONAL LAW UNIVERSITY DELHI

Sector- 14, Dwarka, New Delhi – 110078

LEAVE APPLICATION FORM - ADMINISTRATIVE STAFF

(Casual Leave/Half Day/Restricted Holiday/Earned Leave/Commuted Leave)

1. Name of the Applicant : _____
2. Post held : _____
3. Department/Branch/Section/Division : _____
4. Type of Leave applied for : _____
(Whether Casual Leave/Half Day/Restricted Holiday/Earned Leave/Commuted Leave)
5. Period of Leave -Days : from _____ to _____ Total Days _____
6. Sunday & Holiday, if any proposed to be Prefixed/Suffixed to Leave: _____
7. (a) Whether permission to leave station is required: (Yes/No)
(b) If Yes, Address during leave period : _____

8. Ground on which leave is applied for : _____
9. Details of last leave availed : _____
10. Name of person who will attend work during leave: _____

Date: Contact No.

(Signature of Applicant)

Remarks/Recommendations of Branch In-charge/Head of Office/Section Head _____

(Signature of Section/Department Head)

(Deputy Registrar)

(For Office Use Only)

Type of Leave Applied for _____

Leave Due _____

Leave Applied (No. of Days) _____

Balance of Leave _____

Orders of authority competent to grant leave Sanctioned/Not Sanctioned

(Signature of Competent Authority)



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Application Form for Child Care Leave (Faculty/Administration)

1. Name of the Applicant : _____
2. Post held : _____
3. Department/ Office / Section : _____
4. Name of Child for whom CCL is applied for : _____
5. Date of Birth of the Child : _____
6. Date on which Child will be attaining 18 years : _____
7. Is the Child among the two Eldest Children : YES/ NO
8. E.L. in Credit (as on date) : _____
9. Period of Leave -Days : from _____ to _____ Total Days _____
10. Sunday & holiday, if any proposed to be Prefixed/Suffixed to Leave: _____
11. Reason(s) for Leave applied for : _____
12. Total Child Care Leave Sanctioned till date : _____
13. (a) Whether permission to leave Station is required: YES/NO
(b) If Yes, Address during the leave period : _____
14. Date of return from Last Leave, nature & period of leave: _____
15. Name of Person who will attend work during leave: _____

Date:

Contact No.

(Signature of Applicant with Date)

Remarks of Branch In-charge/Head of Office

Certified that the Department work will not suffer in CCL Period. Therefore, her leave is recommended/OR Not recommended.

(Signature of Section /Department Head)

(For Office Use Only)

Type of Leave Applied for _____
Leave Due _____
Leave Applied (No. of Days) _____
Balance of Leave _____
Total No. of Occasions for which Leave Applied during the Year _____
Orders of the Authority Competent to grant Leave Sanctioned/Not Sanctioned

(Deputy Registrar)

(Signature of Competent Authority)



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DUTY RESUMPTION REPORT

Name of the Applicant _____ Post held _____

I have resumed my duty today on _____ FN/AN after availing _____ days

(Earned Leave/Medical Leave/Commuted Leave/Half-Day/Maternity Leave/Paternity Leave)

from _____ to _____ (Prefixed _____/Suffixed _____)

(Signature of Applicant)

Date _____

Recommendation:

Section Head

Accepted

(Deputy Registrar)

(Sanctioning Authority)