



**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR -16C, DWARKA, NEW DELHI-110078**

**APPLICATION FOR LEAVE / FOR EXTENSION OF LEAVE
(Earned Leave, Commuted Leave, Half Pay Leave)**

1. Name of applicant
2. Designation with pay scale
3. School/Branch of posting
4. Nature of leave applied for
(viz., EL/HPL/Commuted Leave)
with details of such leave already availed
5. Period of leave applied for
(with total number of days)
6. Saturdays/Sundays and other holidays, if any,
proposed to be prefixed/suffixed to leave
7. Vacation required to be prefixed/ suffixed
8. Purpose for which leave is applied for
9. I propose/do not propose to avail myself of
leave travel concession for the block years
.....during the ensuing leave.
10. Address during leave period

Signature of Applicant
(with date)

11. Remarks and/or recommendations of
Branch Officer

Signature (with date)
Designation

Certificate regarding admissibility of leave

12. Certified that EL/HPL/ Commuted Leave for ____ days from _____ to _____
is admissible under the Leave Rules of the University

Assistant Registrar (Estt.)

13. Orders of the authority competent to grant leave - Leave granted/ not granted
- Prefixing or suffixing of vacation
allowed/ not allowed/ not applicable

Sanctioning Authority