

## J.D. BIRLA INSTITUTE Unit of Vidya Mandir Society

(Affiliated with Jadavpur University) Recognised by UGC (12B & 2f)

**Departments of Science, Commerce & Management** 

Form No.: JDBI/STAFF/8

APPLICATION (LEAVE)			
NAME OF THE APPLICANT :			
DESIGNATION / POST			
DEPARTMENT :			
NATURE OF LEAVE :	P/L	M/L C/L	ANY OTHER
(Please tick on the appropriate box)			
TOTAL NO. OF DAYS			
PERIOD OF LEAVE	From	То	
GROUND ON WHICH LEAVE APPLIED FOR :			
DATE OF RESUMING DUTY FROM LEAVE :			
ADDRESS DURING LEAVE			
PHONE NO. / MOBILE NO.			
STATION LEAVING PERMISSION MAY BE GRANTED			
Classes Missed		Proposed Alternative	
Date: Signature of the Applicant (with date)  FOR OFFICE USE			
No. of Days of Leave			
Nature of Leave	Total	Leave Availed till Date	Leave Due
Earned Leave / Privileged leave (E/L or P/L)  Medical Leave (M/L)			
Casual Leave (C/L)			
Any Other			
Date:			ure of HR Officer (with date)
RECOMMENDING AUTHORITY			
If recommended, please specify the name of the person and if not recommenced, please specify reasons(s). Thi		n place of his/her duty separate sheet.	Signature of Recommended Authority (with date)
SANCTIONED / NOT SANCTIONED Signature of Sanctioning Authority (with date)			
			f the sanctioning authority: