

DURGABAI DESHMUKH COLLEGE OF SPECIAL EDUCATION  
(VISUAL IMPAIRMENT)  
LAL BAHADUR SHASTRI MARG  
NEW DELHI – 110 003

APPLICATION FOR CASUAL LEAVE/EARNED LEAVE/COMPENSATORY LEAVE

1. Name : \_\_\_\_\_
2. Post Held : \_\_\_\_\_
3. Nature of Leave applied for : \_\_\_\_\_
4. Period of Leave applied for : \_\_\_\_\_
5. Whether compensatory leave : \_\_\_\_\_  
(If yes, please indicate the date)
6. Purpose of Leave : \_\_\_\_\_
7. Address during Leave : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date :

Signature of the Applicant

---

(For Office Use)

Leave to his/her credit : \_\_\_\_\_

Leave Balance : \_\_\_\_\_

Date :

Sanctioning Authority