Durgabai Deshmukh College of Special Education (V.I.)
C/o The Blind Relief Association, Delhi
Lal Bahadur Shastri Marg,
New Delhi – 110003

Leave Application

Name: _____ Designation: _____
Duration of Leave _____ to _____ (No. of Days _____)

Types of Leave: **Casual /Half Pay /Earned Leave /Special Duty Leave /Duty Leave /Compensatory leave /R.H./Other**

Reason for Leave: _____

Address with contact number during leave:

_____

_____

_____

_____

Date: _____ Signature of Employee:_____

Recommendation of the Course Director _____

(For Office Use)

Approved Leave: _____

As on date, the leave balance after approval of the applied leaves:

Casual _____ Half Pay_____ Earned Leave_____ Special Duty Leave_____ Duty Leave_____ Compensatory leave _____ R.H. _____

Date: _____ Executive Secretary: _____