

**APPLICATION FOR CASUAL LEAVE**

**FOR TEQIP-III STAFF/ RESEARCH SCHOLAR**

Name of Applicant : \_\_\_\_\_  
Designation : \_\_\_\_\_  
No. of Leave Required : \_\_\_\_\_  
Date(s) of Leave : \_\_\_\_\_  
Reason for Leave : \_\_\_\_\_  
No. Casual Leave already availed : \_\_\_\_\_  
In Station/ Out Station : \_\_\_\_\_

Signature of applicant

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Recommendation of Coordinator - TEQIP-III, Dr.SSBUI CET

Approved by

Project Head

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