

**NATIONAL INSTITUTE OF TECHNOLOGY
KURUKSHETRA-136119**

APPLICATION FOR CASUAL/SPECIAL CASUAL/COMPENSATORY/STATION LEAVE/RH

Name & Designation : _____
Department/Section : _____
Leave Applied For : _____ Days From _____ To _____
(With No. of Days) Prefix _____ Suffix _____
Purpose of Leave : _____
Leave Address : _____
(When out of Station)
Telephone/Mobile No. : _____
Leave Arrangement : _____

DATE: _____

SIGNATURE OF THE EMPLOYEE

FOR OFFICIAL USE

Total Leave:	Leave Already Availed:
Now Applied:	Balance Leave:

**SIGNATURE OF THE DEALING OFFICIAL
OF THE CONCERNED DEPTT. /SECTION**

**SIGNATURE
OF THE RECOMMENDING AUTHORITY**

**SIGNATURE
OF THE SANCTIONING AUTHORITY**