



*Maulana Azad*  
**NATIONAL INSTITUTE OF TECHNOLOGY**  
Bhopal-462 051

**LEAVE APPLICATION  
FORM**

Employee Code	
Designation	
Department	

Name	
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**Leave Detail**

Type of Leave Earned / HP / Commuted		Head Quarter Permission required Yes/No		
Period of Leave	Prefix Holiday	From	To	Suffix Holiday
Total Leave days excluding Prefix/ suffix		Address During leave		
Reason For Leave				

**Necessary Class/Duty Arrangement**

	Person to whom duty Assigned	Designation	Signature
Class Arrangement	UG		
	PG		
Additional / Alternative Arrangement (If any)			

**For use of Establishment Section**

Earned Leave Balance		Signature of Employee	Recommendation of HoS/HoD
HP/Commuted Leave Balance			
Entered in Service Book On Page No. :			
Checked by	Verified by	AR / DR	Sanction of Approving Authority

**Note :-**

- It is mandatory to fill all the requisite information in the format.
- The application for EL/HPL shall be submitted at least 21 days in advance and Approval is subject to availability of leave in his/her credit. If leave is applied on Medical Ground, Certificate from appropriate Doctor should be attached.
- Applicant should get his/her leaves approved from the competent Authority before departure from the Institute and submit the same to Establishment Section.
- If any alteration needed in the format must be brought to the notice of H Vaidya for necessary section.