



DEVI AHILYA VISHWAVIDYALAYA, INDORE

Application for CL/OL/DL/Other Leave

Institute/Department/School/ Centre -----

Date : -----

To,
The Registrar,
Devi Ahilya Vishwavidyalaya,
Indore (M.P.)

Sub. :- Apply for Leave

Leave Type * **CL/OL/DL/Other Leave (Specify)**

From :- Date / Time

To :- Date / Time

Total: ----- Days

Prefix :-

(Holiday just before the first day of employee leave that has been applied for)

Suffix :-

(Holiday that falls consecutive to the last day of the employee leave applied for)

Purpose :-

Out Station Leave? Yes / No

From :- Date / Time

To :- Date / Time

Forwarded by :-

Name :

Post :

Signature and Name

Signature and Name