

## THE INDIAN LAW INSTITUTE APPLICATION FOR LEAVE

1.	Name of Applicant		***	100000000000000000000000000000000000000		
2.	Post held					
3.	Department/Section {Faculty/	Admn/Lib.)				
4.	Nature of Leave required					
5.	Period of leave applied for and from which required	I date	Day	ys (from	to	_)
6.	Saturday/Sunday and holidays proposed to be prefixed/suffixed	, if any, ed to leave	-			-
7.	Ground on which leave is appl	ied for				
8.	I propose to leave the Head Qu during leave? (Yes/No)	ıarters				
9.	Contact Address and Ph. No. d (I) Address:	uring leave :		5		
10.	(ii) Ph. No. : I propose/don't propose to ava the ensuing leave.	il myself of leave tr	avel concession in the	block years	duri	ng
11.	Date of return from last leave a the nature and period of that le					
12.	In case of Compensatory Leave date(s) when office was attended order dated [The compensatory leave can be 3 months from the date of attentions.]	ed vide office be availed within				
				Signat	ure of the appli	cant
				Date_		
Recommendation of the Controlling Officer (Indicate the alternative arrangement)				*		
		(For C	Official Use)			
	re of leave applied for					
Leav	/e due					
Leav	ve applied for					
Bala	nce					
		Sig. of the Dealing And Deputy Registrate				

Sanctioned / not sanctioned