



CENTRAL UNIVERSITY OF TIBETAN STUDIES

(Deemed University)

SARNATH, VARANASI

APPLICATION FOR CASUAL LEAVE / RESTRICTED HOLIDAY

Name : _____

Designation : _____

Department / Section : _____

Casual Leave / Restricted
Holiday required to be
availed on : _____

Saturdays/Sundays &
Holidays, if any, proposed
to be pre-fixed/ suffixed
(with dates) : _____

Reason for leave : _____

Whether Permission to leave : _____ Yes or No _____
the HQ reqd. ?

If yes, Complete address : _____

Forwarded by _____

Signature of HOD /

Section Head

Date

(Signature of Applicant)

CERTIFICATE FOR ADMISSIBILITY OF LEAVE

No. of Casual Leave/Restricted Holiday: due
before availing the above Casual Leave/ Restricted Holiday

No. of Casual Leave/Restricted Holiday:due
after availing the above Casual Leave/Restricted Holiday of sanctioned

Proposed by

Recommended by

Accepted / Rejected

S.O.

AR/DR

Registrar