



**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR -16C, DWARKA, NEW DELHI-110078**

APPLICATION FOR GRANT OF SPECIAL CASUAL LEAVE

1. Name of applicant
2. Designation with pay scale
3. School/Branch of posting
4. Period of special casual leave applied for
(with total number of actual working days)
5. Saturdays/ Sundays and other holidays, if any,
proposed to be prefixed/ suffixed/ combined to leave
6. Ground on which leave is applied for
7. Details of special casual leave,
last availed, dates & period

Signature of Applicant
(with date)

8. Remarks and/ or recommendations of
the Dean/ Head of the School/Branch Officer concerned

Signature (with date)
Designation

9. **CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE**

Certified that special casual leave for _____ (period) from _____ to _____ is admissible under Leave Rules of the University.

- | | | |
|--|---|-------|
| -- Special Casual Leave permissible in an year | : | 10 |
| -- Already availed by the officer till date | : | _____ |
| -- Applied for | : | _____ |

Dated :

Assistant Registrar (Estt.)

10. Orders of the authority competent to grant leave - Leave granted/ not granted
- Prefixing or suffixing of vacation allowed/ not allowed/ not applicable

Vice Chancellor