

DATE : / /

**INDIAN MARITIME UNIVERSITY**  
**LEAVE APPLICATION FORM**  
(For Contract PS & Consultant)

NAME \_\_\_\_\_ DESIGNATION \_\_\_\_\_

COMMUNICATION ADDRESS/TEL NO. : \_\_\_\_\_

NATURE OF LEAVE REQUIRED: CL  EL  SL (HPL/CFPL)

NO. OF DAYS \_\_\_\_\_ : FROM \_\_\_\_\_ TO \_\_\_\_\_

REASON : \_\_\_\_\_

*APPLICANT SIGNATURE*

**REPORTING OFFICER:**

REGULAR  IRREGULAR  HABITUAL UNAUTHORISED ABSENTEE

RECOMMENDED  NOT RECOMMENDED  *SIGNATURE* \_\_\_\_\_  
(REPORTING OFFICER)

IS SUBSTITUTE NECESSARY \_\_\_\_\_

**ESTABLISHMENT DEPARTMENT**

STATUS OF LEAVE CREDIT		LEAVE TAKEN DURING THE MONTH	
Type of Leave	No of Days	Type of Leave	No of Days
Casual Leave		Casual Leave	
Restricted Holiday		Restricted Holiday	
Earned Leave		Earned Leave	
Sick Leave		Sick Leave	

**DEALING ASSISTANT**

**AR (ADMIN)**

**APPROVING AUTHORITY:**

SANCTIONED  NOT SANCTIONED  *SIGNATURE* \_\_\_\_\_  
(REGISTRAR)