

NETAJI SUBHAS INSTITUTUE OF TECHNOLOGY
AZAD HIND FAUJ MARG, SEC-3,
DWARKA, NEW DELHI-110078

COMPENSTORY LEAVE APPLICATION

NAME _____
DESIGNATION _____
DEPTT. SECTION _____
PERIOD OF LEAVE _____
DATE ON WHICH OFFICE ATTENDED _____
REASON / PURPOSE _____

Date : _____ (Signature of Applicant)

Recommendation of Forwarding Authority

(Signature)

Sanction of the competent Authority

(Signature)

Leave recorded at page No of the Leave Register

(Dealing Assistant)