



CENTRAL INSTITUTE OF HIGHER 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 the HQ reqd. ? : _____ Yes or No _____

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