

Visvesvaraya National Institute of Technology, Nagpur

Department of _____

Application for CASUAL / SPECIAL CASUAL LEAVE

Date: _____

Name : _____

Designation : _____

Leave applied : From _____ to _____ / on _____

Reason : _____

Address in case going
Out of station : _____

Alternate arrangements
For classes & other
Academic work : _____

Signature of the Applicant

Recommendations
From the HoD / Director : Recommended / Not Recommended

Signature of the HoD/Director:

For Office Use:

To: A.R.(Adm)

Total Leave	:	CL = 8 Days	Special CL = 8 Days
Leave availed till date	:	CL =	Special CL =
Leave Balance	:	CL =	Special CL =

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