To,
The Principal
D. H. S. K. College (Autonomous), Dibrugarh

Date: .....

Subject: Application for ..... leave.

Sir,

With due respect, I would like to request you to grant me ..... leave for .....

.....(reason) from DD / MM / YYYY to DD / MM / YYYY. with Station Leave permission from (ignore if not applicable) DD / MM / YYYY to DD / MM / YYYY.

Please consider my application and grant me ..... leave for the mentioned days.
Thanking you.

Forwarded / reason

Yours faithfully

(Signature)

.....
(Full name in Block letters)
Dept. of. .....
DHSK College (Autonomous), Dibrugarh

(Signature)
HoD/HoP
DHSK College (Autonomous), Dibrugarh

(Dept. HoD/HoP Seal with Date

FOR OFFICE USE				
20..... (YEAR)				
Type of leave	From (date)	To (date)	Total days	Remarks (Office use)
Casual Leave				
Duty Leave/ Govt. Duty				
Earned Leave				
Child Care leave				
Maternity Leave				

* In case of DL, letter of invitation of the organisation/institution/order/released order (if any)to be submitted along with the application.
* In case of ML, relevent medical reports/papers to be submitted along with the application.
* In case of EL, proper format of leave accounts to be submitted along with the application.
* In case of CCL, relevent documents and proper format of leave accounts to be submitted along with the application.
* Application may be submitted atleast one week before the start of the leave. Non-submission of required document may result in delay of approval of leave.
* Approval of leave is a prerequisite for grant of leave.
* In extraordinary circumstances one may be exempted from submission of application but will have to submit the same as required at the earliest.

Recorded by

.....
(Office Assistant)

Vice-Principal
Remarks

.....
.....

Approved / Not Approved

Principal
DHSK College (autonomous)
Dibrugarh