

NATIONAL UNIVERSITY OF EDUCATIONAL PLANNING AND ADMINISTRATION  
17-B, SRI AUROBINDO MARG, NEW DELHI-110016

**Application form for Casual/ Restricted/Compensatory Leave**

Name\_\_\_\_\_ Designation \_\_\_\_\_

No. of days applied\_\_\_\_\_ from/on\_\_\_\_\_ to\_\_\_\_\_

Reasons\_\_\_\_\_

Signature of Applicant

Date

Station leave address

Recommending Authority

Signature

Sanctioning Authority

Signature

Name & Designation\_\_\_\_\_

Name & Designation\_\_\_\_\_

Date:

Date:

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