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

Application form for Casual/ Restricted/Compensatory Leave

No of days applied		
No. of days applied	from/on	to
Reasons		
	Signature	of Applicant
	Date	orrippiicuit
	Station le	ave address
Recommending Authority	Sanctionii	ng Authority
Signature	Signature	
Name & Designation	Name & D	esignation
Date:	Date:	
Application form form	or Casual/ Restricted/Co	mpensatory Leave
Name	Designation	
NameNo. of days applied	Designation from/on	to
Name No. of days applied	Designation from/on	to
Name No. of days applied	Designation from/on	to
NameNo. of days applied	Designation from/on Signature Date	to of Applicant
Name No. of days applied	Designation from/on Signature Date	to
NameNo. of days applied	Designation from/on Signature Date Station les	to of Applicant
NameNo. of days appliedReasons	Designation from/on Signature Date Station les	of Applicant ave address
NameNo. of days appliedReasonsRecommending Authority	Designation from/on Signature Date Station less Sanctioning Signature	of Applicant ave address