

**NATIONAL FORENSIC SCIENCES UNIVERSITY  
GANDHINAGAR CAMPUS**

**अवकाश हेतु आवेदन-पत्र (LEAVE APPLICATION)** दिनांक Date: \_\_\_\_\_

1. आवेदन कर्ता का नाम (Name of Applicant (Emp. ID)) : \_\_\_\_\_ (\_\_\_\_\_)
2. पद (Designation) : \_\_\_\_\_
3. विभाग / पीठ / केंद्र अनुभाग  
(Department/School/Centre/Section) : \_\_\_\_\_
4. नियुक्ति तिथि (Date of Appointment) : \_\_\_\_\_
5. आवेदित अवकाश का प्रकार (Type of Leave applied for)  
(Tick whichever applicable) -
  - Earned Leave
  - Special Casual
  - Duty Leave
  - Station Leave
  - Commuted Leave
  - Any Other Leave
  - Enclose relevant documents like Medical Certificate in case of Commuted Leave & Invitation/Nomination etc. in case of Duty Leave
  - In case of Leave other than those mentioned, kindly specify the same.
6. अवकाश अवधि (Duration of Leave) : From \_\_\_\_\_ To \_\_\_\_\_  
Prefix \_\_\_\_\_ Suffix \_\_\_\_\_
7. आवेदित दिवसों की संख्या No. of days applied for  
(कृपया सुनिश्चित करे की जिस Please ensure that  
समयविधि हेतु आवेदन दिया जा रहा the credit of leave  
है, उतने दिवस का अवकाश शेष है) applied for is available : \_\_\_\_\_  
in the leave account
8. कार्य पर वापस आने की प्रस्तावित तिथि (Proposed Date of  
resumption of duty) : \_\_\_\_\_
9. अवकाश का कारण (Reason for leave) : Date: \_\_\_\_\_ Time \_\_\_\_\_
10. मुख्यालय से प्रस्थान की नियत तिथि/ समय, यदि कोई हो  
(Date/Time of leaving from Headquarters, if any) : \_\_\_\_\_
11. मुख्यालय वापस आने की तिथि/ समय  
(Exact Date/Time of return to Headquarters) : \_\_\_\_\_
12. बाह्य स्थान अवकाश, यदि हां, क्रमांक 13 भरें, या N.A. लिखें  
(Whether on Station Leave, if Yes, fill Sr. No. 13, or  
else write N.A.) : Yes \_\_\_\_\_ No \_\_\_\_\_
13. अवकाश के दौरान का पता एवं दूरभाष नं  
(Address and Mob No. during leave) : Address: \_\_\_\_\_  
Mob. \_\_\_\_\_
14. आपके अवकाश के दौरान कार्य करने वाले कर्मचारी का नाम.  
Name of the Employee for working during the leave : Name \_\_\_\_\_ Emp.ID \_\_\_\_\_  
Designation \_\_\_\_\_

आवेदक के हस्ताक्षर  
Signature of Applicant

(विभाग/अनुभाग/केंद्र - प्रमुख) / अधिष्ठाता  
(Head of Department/Section/Centre)/Dean

परिसर निदेशक  
Campus Director

**कार्यालयीन उपयोग हेतु (For Office Use)**

1. Total Leave(s) at credit \_\_\_\_\_ days (As verified by Establishment Section) with initial of Assistant
2. Leave applied for \_\_\_\_\_ days, from \_\_\_\_\_ to \_\_\_\_\_ including extended Leave (if any)
3. Entered in the Service Book at page no. \_\_\_\_\_ & Sr. No. \_\_\_\_\_ (to be filled by Estt. Section)
4. Medical Certificate Attached: Yes/No Fitness Certificate Attached: Yes/No

संबंधित सहायक  
(Dealing Assistant)

(अनुभाग अधिकारी)/ (सहायक /उप-कुलसचिव  
(Section Officer)/(Assistant/Deputy Registrar)