



Form Type: A(07)

**DARUL HUDA ISLAMIC UNIVERSITY**

Hidaya Nagar Chemmad, PO Tirurangadi Malappuram Dt, 676306

**Application for Casual/Medical/Special Leave\***

Name :

Designation :

Section / Dept :

No. of C.L  
already taken :

No. of leave now  
required with date :

Reason for leave :

Date: Signature :

**For office use only**

*Leave approved by* :

*Leave days with date* :

*Type of leave* :

*Remarks* :

\* For staff only. Refer circular for conditions and instructions.



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