

Form Type: A(07)

Name

DARUL HUDA ISLAMIC UNIVERSITY

Hidaya Nagar Chemmad, PO Tirurangadi Malappuram Dt, 676306

<u>Application for Casual/Medical/Special Leave*</u>



Form Type: A(07)

DARUL HUDA ISLAMIC UNIVERSITY

Hidaya Nagar Chemmad, PO Tirurangadi Malappuram Dt, 676306

Application for Casual/Medical/Special Leave*

Designation	:	Designation	:
Section / Dept	:	Section / Dept	:
No. of C.L lready taken	:	No. of C.L already taken	:
No. of leave now equired with date		No. of leave now required with date	:
Reason for leave	:	Reason for leave	:
Date:	Signature :	Date:	Signature :
	For office use only		For office use only
Leave approved by	:	Leave approved by	<i>:</i>
Leave days with date	:	Leave days with date	<i>:</i>
Type of leave	:	Type of leave	<i>:</i>
Remarks	:	Remarks	<i>:</i>

Name

^{*} For staff only. Refer circular for conditions and instructions.

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