



# IPS Group of Colleges (CTM/COP/COE)

Shivpuri Link Road, Gwalior- 474 001 (MP)

## Leave Application Form

Entry on  
Office Register No. ....  
and Date ...../...../.....

The Director

Sir,

I, Mr. / Mrs. / Ms. \_\_\_\_\_ would like to take \_\_\_\_\_ Day/s  
CL / EL / CCL / S.B. / D.L. / L.W.P. / Maternity leave from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
(both days inclusive) due to \_\_\_\_\_

I shall request you kindly to sanction my leave of absence during the days mentioned above.

Thanking you

Sincerely Yours

Signature of the applicant

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Assignment during absence

Date	Period/ Lab		Name & Sign of Substitute	HoD's Signature
	From	To		

(If necessary, attach a separate sheet.)

### For Office Use

Types of leave	Leave balance as on date	Leave taken now (If approved)	Leave balance
Casual			
Earned			
Maternity			
CCL/ Semester break			
<b>Duty Leave/L.W.P./Other</b>			

Recommended by the Principal:

Date: \_\_\_\_\_

Reviewed by CAO

Leave Approved/ Not Approved

Director

Date: \_\_\_\_\_

Name of the applicant \_\_\_\_\_

Leave Date: \_\_\_\_\_

Types of leave	Leave balance as on date	Leave taken now (If approved)	Leave balance
Casual			
Earned			
Maternity			
CCL/ Semester break			
<b>Duty Leave/L.W.P./Other</b>			

Leave Approved/ Not Approved

Director

Date: \_\_\_\_\_