

ANNA UNIVERSITY : CHENNAI 600 025
APPLICATION FOR LEAVE OR EXTENSION OF LEAVE
(other than Casual Leave)

1. Name of the Applicant :
2. Designation :
3. I.D.No. :
4. Department, Institution, Office,
Section in which working :
5. i) Nature of leave applied for EL*/UEL on MC*/UEL on PA*
(In case of UEL on MC, medical EOL*
certificate should be enclosed) :
- ii) Period of leave : From _____ to _____
6. Reasons for leave :
7. Address during leave period, with
Phone No. If any :
8. Name, Designation and Signature
of the staff who will look after the
work assigned to the applicant
during the period of his/her absence
on leave (It shall be the responsibility
of the applicant to seek co-operation
of his/her colleague, in consultation
with Head of Division of Department or
Unit Officer)

Date:

SIGNATURE OF APPLICANT

- Strike out which-ever is not applicable

RECOMMENDATIONS OF THE FORWARDING AUTHORITY

Leave applied for by Dr./Thiru/Tmt..... is
recommended/not recommended.

**SIGNATURE (WITH DATE)
DESIGNATION**

From

To

The Registrar
Anna University
Chennai – 600 025.

Sir,

I rejoined duty on _____ F.N. on the expiry of the EL* /
UEL on MC*/ UEL on PA*/EOL* from _____ to _____ * with
permission to suffix the holidays on _____ and _____.

As I was on UEL on Medical Certificate, fitness certificate is enclosed*.

Yours faithfully,

Date

Encl: As above*

*Strike out whichever is not applicable

REPORT OF THE AUTHORITY WHO FORWARDED THE APPLICATION
FOR THE GRANT OF LEAVE

Dr./Thiru/Tmt. _____ rejoined duty
on _____ on the expiry of the leave.

SIGNATURE (WITH DATE)
DESIGNATION: