

**Maharaja Bir Bikram University**  
Agartala, Tripura – 799 004

**APPLICATION FOR LEAVE**  
**(FOR EMPLOYEES)**

(To be forwarded through Head of the Department/ Section-in-Charge)

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

Name of the Applicant (in full) \_\_\_\_\_

Department / Section \_\_\_\_\_

Nature of leave desired EL/CL/HPL/Others \_\_\_\_\_

No. of day(s) \_\_\_\_\_ on/from \_\_\_\_\_ to \_\_\_\_\_

Reasons etc. \_\_\_\_\_

(\* Maternity leave/ Paternity leave/ Leave of absence on duty/ Leave on deputation/ Compensatory leave/ Special disability leave/ Leave without pay)

Leave Address (If other than recorded address) \_\_\_\_\_

Medical Certificate to be attached.

\_\_\_\_\_  
(Signature of Applicant & Designation)

Office Note					
Leave at Credit	EL	CL	HPL	Others	APPROVED/ NOT APPROVED
Leave last taken on					

**OFFICE SUPERINTENDENT**

**REGISTRAR**