



Punyashlok Ahilyadevi Holkar Solapur University, Solapur

Applicant's Name : _____

Designation : _____

Department : _____

Biometric No. : _____

Date : _____

To,
Hon'ble Registrar,
Solapur University, Solapur.

Subject : Application for Duty Leave / On Duty Leave / Medical Leave

Sir,

Myself Dr./Shri./Smt. _____ request you to sanction
Duty Leave / On Duty Leave / Medical Leave to me from the date _____ to
_____ for _____

_____ purpose. (Copies of relevant documents are attached / not attached herewith.)

Yours faithfully,

(_____)

Remarks of the Director : Recommended / Not Recommended.

Seal and Signature of the Director

For Office Use

As per University Statute 272(A) (c) Duty Leave / On Duty Leave, 272 (B) (c) Medical Leave are permissible for campus teachers. The Details of Duty Leave / On Duty Leave/ Medical Leave record of the concerned teacher is as below.

Sr. No.	Type of Leave	Current Years Total Leave	Leave already Availed	Balance to his credit	No. of days leave applied	Balance of leave after deduction
1	Duty Leave	10				
2	On Duty Leave					
3	Medical Leave					

Jr. Clerk

Sr. Clerk

Section Officer

Assistant Registrar

Hon'ble Registrar

Leave Sanctioned / Not Sanctioned

Hon'ble Vice-Chancellor