



पुण्यश्लोक अहिल्यादेवी होळकर सोलापूर विद्यापीठ, सोलापूर
Punyashlok Ahilyadevi Holkar Solapur University, Solapur



Applicant Name : -----
 Designation :-----
 Department :-----
 Biometric No. :-----
 Date :-----

To,
The Director,
 Punyashlok Ahilyadevi Holkar Solapur University,
 Solapur.

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

Ref. :

Sir,

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

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

Yours faithfully,

Sign. _____

(Name : _____)

As per University Statute 272(A) (c) Duty Leave / On Duty Leave, 272 (B) (c) Medical Leave
 and Earn Leave are permissible for campus teachers. The Details of Duty Leave / On Duty Leave/
 Medical Leave/ Earn 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					

Remark Leave Sanctioned / Not Sanctioned (Reason): -----

 Name & Sign. of Jr. / Sr. Clerk
 Concerned School

 Hon'ble Vice-Chancellor

For office use

As per University Statute 272(A) (c) Duty Leave / On Duty Leave, 272 (B) (c) Medical Leave
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Jr. Clerk

Sr. Clerk

Asst. Section Officer

Dy. Registrar

Hon'ble Registrar