

Government of India
Rajkumari Amrit Kaur College of Nursing
Lajpat Nagar, New Delhi-110024

APPLICATION FOR CASUAL LEAVE/ RESTRICTED HOLIDAY

Name: _____ Designation _____

Nature of Leave: _____

Period of Leave _____

Required with reason: _____

Leave already taken: _____ Due: _____

Signature: _____

Remarks by the Officer In-Charge:

Order of The Principal/Administrative Officer: