

NATIONAL INSTITUTE OF EDUCATIONAL PLANNING AND ADMINISTRATION  
17-B, SRI AUROBINDO MARG, NEW DELHI-110016

**Application form for Casual/ Restricted/Compensatory Leave**

Name \_\_\_\_\_ Designation \_\_\_\_\_

No. of days applied \_\_\_\_\_ from/on \_\_\_\_\_ to \_\_\_\_\_

Reasons \_\_\_\_\_

Signature of Applicant

Date

Station leave address

Recommending Authority

Signature

Name & Designation \_\_\_\_\_

Date:

Sanctioning Authority

Signature

Name & Designation \_\_\_\_\_

Date:

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