

ಕರ್ನಾಟಕ ಕೇಂದ್ರೀಯ ವಿಶ್ವವಿದ್ಯಾಲಯ कर्नाटक केन्द्रीय विश्वविद्यालय

CENTRAL UNIVERSITY OF KARNATAKA

Kadganchi, Aland Road Gulbarga - 585 311

APPLICATION FOR CASUAL LEAVE / R.H. / C.C.L. Name of the Employee _____Department :_____ Designation From ______ No. of Days (_____) Leave Purpose (Forwarding Authority) (Signature of Applicant) For Office Use Leave to his Credit No. of days availed Balance leave available Sanctioned / Not Sanctioned

A.R. Administration



Dealing Assistant

Dealing Assistant

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A.R. Administration