

# LEAVE APPLICATION



Name of Resident \_\_\_\_\_

Room Number \_\_\_\_\_ Contract Number \_\_\_\_\_

Accompanied By \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Contact Number \_\_\_\_\_

Leave required from         to

Purpose of leave \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Address of stay during leave \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of accompanying person)

\_\_\_\_\_  
(signature of the Resident)

- Not: (1) If leaving "APNALAY" unaccompanied, it is completely at the resident's own risk And responsibility.  
(2) No. monetary or other concessions shall be considered during leave period.

## For official use only

Leave from \_\_\_\_\_ to \_\_\_\_\_ Sanctioned /  
Not sanctioned (as admitted by the resident)

For APNALAY  
(UNIT OF INNER WHELL CLUB OF CENTRAL TRUST)

AUTHORIZED SIGNATORY