

LEAVE APPLICATION

(except Casual Leave, please see note below)

1. Name of the applicant	Dr. / Mr. / Ms.:			
2. Designation / Dept. / Section				
3. Nature & Period of Leave (For Spl. CL, Commuted Leave, Maternity Leave, Paternity Leave etc. please attach supporting papers)	Nature	From	To	No. of Days
4. Holidays, Prefixing / Suffixing	Prefix	From:	To:	No. of Days:
	Suffix	From:	To:	No. of Days:
5. Reasons for leave				
6. Whether the applicant proposes to avail of Leave Travel Concession during the ensuing leave. If yes, please submit the Application for LTC (Form No. 3) duly filled in along with this application.	YES		NO	
7. Source of financial assistance for academic visits: Institute/PDA/Project /Self/Outside				
8. Whether Station Leave Permission required or not	Yes, From:	To:	NO	
9. Are you holding any other position like HOD, HOS, Warden, Chairman of a Committee etc. If so, please enclose the approval/ consent of appropriate authority for the period of leave.				
*10. Arrangement for classes during the proposed leave	No. of classes to be missed:	Alternative Arrangement:		
11. Address while on leave				
	Contact Phone No. (if any):	Pin:		

11. In the event of my resignation, voluntary retirement, dismissal or removal from service or in the event of termination of my service, I undertake to refund:

- The leave salary drawn for the period of Earned Leave, which would not have been admissible, had that leave not been credited in advance
- i) The difference between the leave salary drawn during commuted leave and that admissible during half pay leave.
ii) The leave salary drawn during leave not due.

Date : _____

Signature of the Applicant

Emp_No.: _____

Remarks and / or recommendation of HOD / HOS / Registrar / Director

Signature

Designation : _____

Date : _____

Dept./Section: _____

Note: 1. All kinds of leave, except Casual Leave should be applied in this form and forwarded to Administration after recommendation of the concerned HODs/HOSs. Casual Leave should be applied in the CL Card maintained in the respective Dept./Section.

*2. If the proposed leave is during the semester period, please furnish the details of the alternate arrangement for the missed classes.

FOR OFFICE USE

Certified that the following leave is admissible to:

Name of the applicant	Dr. / Mr. / Ms.:			
Designation / Dept. / Section				
Nature and period of leave admissible	Nature	From	To	No. of Days
Holidays Prefixing / Suffixing	Prefix			
	Suffix			
Station Leave	From :	To :	No. of Days :	
Balance of leave as on	Vacation Leave	Days		
	Earned Leave	Days		
	Half Pay Leave	Days		
No. of Special Casual Leave already availed in		Days		

Leave as above may be approved:

Signature of the dealing officials

Approval of Sanctioning Authority:

Signature of the Sanctioning Authority

NB: Please print on reverse side of the application.