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NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref. No. _____

TEACHING

Date: _____

Application for Earned Leave/HPL/Commutated Leave/LND/EOL

1. Name : _____
2. Employee Code : _____
3. Designation : _____
4. Department : _____
5. Nature of Leave : EL HPL Commuted Leave LND EOL (Medical/Higher Study*)
(in case of Commuted Leave, LND & EOL on medical grounds, attach original medical certificate)
* (in case of EOL on Higher Study, submit Bond in Form-6 as per Rule 32(3)(b) of CCS (Leave) Rules, 1972.)
6. Period : From _____ To _____ Total days = _____
7. Prefixed/Suffixed : Prefixed: _____ Total days = _____
Suffixed: _____ Total days = _____
8. Station Leave required : From _____ To _____ Total days = _____
9. Reasons for leave : _____
10. Address while on leave with mobile no. : _____

11. Alternate arrangements for Classes & other Academic/Administration work:

S.No.	Name of the employee	Assigned Duties/Classes	Pending/routine work	Signature

12) In the event of my resignation or voluntary retirement from the service. I undertake to refund:

- a) the difference between the leave salary drawn during commuted leave and that admissible during half pay leave.
- b) the leave salary drawn for the period of earned leave which would not have been admissible, had leave not been credited in advance in the event of my resignation. Voluntary retirement, dismissal or removal from service or removal from service or in the event of termination of my services.

Date: ____/____/20____

Signature of the employee

Forwarded Not Forwarded

Counter Signature of HoD/Director

13. Name of the recommending authority & designation _____

FOR ESTABLISHMENT SECTION USE ONLY

14. Application received on _____

15. Certified that the following leave is admissible to:

Prof./Dr./Mrs./Ms./Mr. _____

		Earned Leave*	Half Pay Leave*	Commuted Leave on Medical Certificate *	Leave Not Due (LND) *	E.O.L.* () Medical Ground () Higher Studies	
a) Leave at Credit					-	-	
b) Leave Applied	Date/...../..... to/...../...../...../..... to/...../...../...../..... to/...../...../...../..... to/...../...../...../..... to/...../.....	
	Days						
c) Balance of Leave (a-b)						-	
d) Leave Deductions		-	-	-	-	EL-	HPL-
Remarks							

* Data entered and recorded in service book

Checked & verified

Recommended Not recommended

Junior Assistant (Estt.)

Superintendent (Estt.)

Assistant Registrar (Estt.)

Dean (Faculty Welfare)

Director

To,
Registrar Office

FORM-4

MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF LEAVE OR COMMUTATION OF LEAVE

Signature of the Government servant _____

I, _____ after careful personal examination of the case hereby certify that Mr./Mrs./Ms. _____ whose signature is given above, is suffering from _____ and I consider that a period of absence from duty of _____ with effect from _____ is absolutely necessary for the restoration of his/her health.

Date: _____ Authorized Medical Attendant
Hospital/Dispensary
Or other Registered Medical Practitioner

FORM-5

MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Government servant _____

We/I, _____ Civil Surgeon/Staff Surgeon/Authorized Medical Attendant/Registered Medical Practitioner of _____ do hereby certify that We/I have carefully examined Mr./Mrs./Ms./Prof./Dr. _____ whose signature is given above, and find that he/she recovered from his/her illness and is now fit to resume duties in NIT Uttarakhand with effect from _____. We/I also certify that before arriving at this decision, We/I have examined the original medical certificate(s) and statement(s) of the case (or certified copies thereof) on which leave was granted or extended and have taken these into consideration in arriving at our/my decision.

Date: _____ Civil Surgeon/Staff Surgeon/
Authorized Medical Attendant
Or other Registered Medical Practitioner
_____ Hospital/Dispensary

Ref. No. _____

Date: _____

JOINING REPORT

To,
The Director
National Institute of Technology, Uttarakhand
Srinagar (Garhwal), Uttarakhand

Sir,

On expiry of my Earned Leave Half Pay Leave Commuted Leave* LND**
 Extraordinary Leave ** of _____ days with _____ Prefixed/Suffixed days,
I report for duty with effect from _____ forenoon.

* Submit medical fitness certificate (Form-5) in original.

** In case of EOL and LND on medical grounds submit medical fitness certificate (Form-5) in original.

Yours faithfully,

Signature of employee

Name: _____

Designation: _____

Dept./Section: _____

Forwarded to Establishment

अभ्यासाध्ययेतः विद्या

Counter Signature of HoD

Name: _____

Designation: _____

To,
Establishment Section