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**NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND**

Ref. No. \_\_\_\_\_

Date: \_\_\_\_\_

**Application for Earned Leave/HPL/Commutated Leave/LND/EOL (Non-Teaching Staff)**

1. Name : \_\_\_\_\_
2. Employee Code : \_\_\_\_\_
3. Designation : \_\_\_\_\_
4. Department/Section : \_\_\_\_\_
5. Nature of Leave :  EL  HPL  Commuted Leave  LND  EOL  
(in case of Commuted Leave, LND & EOL on medical grounds, attach original medical certificate)
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 faculty/staff	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 Applicant**

Forwarded  Not Forwarded

**Counter Signature of HoD/Section Head/Registrar/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.*	
<b>a) Leave at Credit</b>					-	-	
<b>b) Leave Applied</b>	<b>Date</b>	...../...../..... to ...../...../.....	...../...../..... to ...../...../.....	...../...../..... to ...../...../.....	...../...../..... to ...../...../.....	...../...../..... to ...../...../.....	
	<b>Days</b>						
<b>c) Balance of Leave (a-b)</b>						-	
<b>d) Leave Deductions</b>		-	-	-	-	EL-	HPL-
<b>Remarks</b>							

\* Data entered and recorded in service book

Checked & verified

Recommended  Not recommended

Junior Assistant (Estt.)

Superintendent (Estt.)

Assistant Registrar (Admin)

**अभ्यासाध्यरयेतः विद्या**

Approved  Not Approved

**Registrar/Director**

To,  
Establishment Section

## 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./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.

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

Yours faithfully,

**Signature of the Applicant**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Dept./Section: \_\_\_\_\_

Forwarded to Establishment

अभ्यासाध्यरयेतः विद्या

**Counter Signature of HoD/Section Head/Registrar/Director**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

To,  
Establishment Section