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NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref.No. _____

TEACHING (Ph.D.)

Date: _____

APPLICATION FOR SPECIAL CASUAL LEAVE (Regular)

1. Name : _____
2. Designation : _____ E.Code: _____
3. Department : _____
4. No. of days leave required with date : From _____ To _____ /on _____ Total: _____
5. Prefixed/Suffixed : Prefixed: _____ Suffixed: _____ Total: _____
6. Station Leave required : From _____ To _____ /on _____ Total: _____
7. Reason for Leave * : _____
8. Complete address during leave with mobile no. : _____
9. Alternate arrangements for Classes & Other Academic/Administration work:

| S.No. | Date | Name of Faculty/TT | Assigned duties | Signature |
|-------|------|--------------------|-----------------|-----------|
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* Please enclose the copy of letter/invitation/email from the organization and approval from Competent Authority.

Date: _____

Signature of applicant

FOR DEPARTMENT USE ONLY

- a) Leave at Credit : _____ Day(s)
- b) Leave taken now : _____ Day(s)
- c) Balance of Leave (a-b) : _____ Day(s)

Dealing Assistant

Head of the Department

Recommended Not Recommended

Recommended Not Recommended

Dean (Academic)

Dean (FW)

Approved Not Approved

Dean (Faculty Welfare)/Director

To,
Registrar Office