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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: \_\_\_\_\_  
(Please fill separate station leave form after sanction of this leave)
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