

ज॒क"V॒ह; i॒kS|॒ kf॒x॒dh | ॒LF॒kku]॒ mRrjk[k.M  
NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

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

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

**APPLICATION FOR SPECIAL CASUAL LEAVE (Monthly)**

(authorized for Ph.D. course work only)

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: \_\_\_\_\_  
(attach separate station leave form)
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/Staff	Assigned duties	Signature

\* If more than 5 days [accumulation of previous month(s)] approval from competent authority is required.

# Please enclose copy of letter/email from the concerned guide/supervisor.

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

Signature of applicant

Recommended  Not Recommended

Recommended  Not Recommended

Counter Signature of HoD

Associate Dean (Faculty Welfare)

**FOR ESTABLISHMENT SECTION USE ONLY**

- a) Total Leave taken from the beginning of C/Y : \_\_\_\_\_ b) Leave for the month(s) of : \_\_\_\_\_  
c) Total no. of days (b) : \_\_\_\_\_ Day(s) d) Total leave taken (a+c) : \_\_\_\_\_

Jr. Assistant (Estt.)

Superintendent (Estt.)

Assistant Registrar (Admin)

Recommended  Not Recommended

Approved  Not Approved

Registrar

Director

To,  
Establishment Section