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NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref.No. _____

Date: _____

APPLICATION FOR SPECIAL CASUAL LEAVE

1. Name : _____
2. Designation : _____ E.Code: _____
3. Department/Section : _____
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

* Please enclose the copy of letter/invitation/email from the organization.

Date: _____

Signature of applicant

Recommended Not Recommended

Counter Signature of HoD/Section Head

FOR ESTABLISHMENT SECTION USE ONLY

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

Jr. Assistant (Estt.)

Superintendent (Estt.)

Assistant Registrar (Admin)

Recommended Not Recommended

Approved Not Approved

Registrar

Director

To,
Establishment Section