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**NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND**

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

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

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

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/concerned guide/supervisor.

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

**Signature of applicant**

Recommended  Not Recommended

Recommended  Not Recommended

**Counter Signature of HoD/Section Head**

**Associate Dean (Faculty Welfare)**

**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