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NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref.No. _____

Date: _____

APPLICATION FOR STATION LEAVE PERMISSION - During Holiday/Weekend CL SCL EL EOL Other

1. Name : _____
2. Employee Code : _____
3. Designation : _____
4. Department/Section : _____
5. No. of days with date : From _____ To _____ /on _____ Total: _____
6. Purpose : _____
7. Complete Address during station leave with mobile no. : _____
8. Alternate arrangements for Classes & Other Academic/Administration work:-

S.No.	Date	Name of Faculty/Staff	Assigned duties	Signature

Date: _____

Signature of the Applicant

Recommended Not Recommended

Counter Signature of HoD/Section Head/Registrar/Director

FOR ESTABLISHMENT SECTION USE ONLY

- a) Cumulative total of station leave : _____ Day(s)
- b) Station Leave taken now : _____ Day(s)
- c) Total Station Leave (a+b) : _____ Day(s)

Junior Assistant (Estt.)

Superintendent (Estt.)

Assistant Registrar (Admin)

Approved Not Approved

Registrar/Director

To,
Establishment Section