

**राष्ट्रीय प्रौद्योगिकी संस्थान, उत्तराखण्ड**  
**NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND**

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

**NON-TEACHING**

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: \_\_\_\_\_  
(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 assigned duties and other Academic/Administration work: \_\_\_\_\_

S.No.	Date	Name of the employee	Assigned duties	Signature

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

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

Signature of employee

Recommended  Not Recommended

**Counter Signature of HoD/Section Head/Coordinator**

**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.)**

**Asstt./Dy. Registrar (Estt.)**

Approved  Not Approved

**Registrar/Director**

To,  
Asstt./Dy. Registrar (Establishment)