

राष्ट्रीय प्रौद्योगिकी संस्थान, उत्तराखण्ड
NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref.No. _____

TEACHING

Date: _____

APPLICATION FOR SPECIAL CASUAL LEAVE- REGULAR, MONTHLY

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: _____
(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 Classes & Other Academic/Administration work: _____

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

* Please enclose the copy of letter/invitation/email from the organization and approval from Competent Authority.

Date: _____

Signature of applicant

FOR DEPARTMENT USE ONLY

Calculation of 15 Days SCL

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

Calculation of 04 Days SCL

- a) For the month of : _____
- b) Leave taken now : _____ Day(s)
- c) Balance of Leave for the month (4-b) : _____ Day(s)

Dealing Assistant

Head of the Department

Recommended Not Recommended

Recommended Not Recommended

Dean (Academic)

Dean (FW)

Approved Not Approved

Dean (Faculty Welfare)/Director

To,
Registrar Office