

**This application has been implemented effective from 08.11.2021.**

* Contact Details of applicant : Email ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone no/Mob:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address of leave: Village\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /House:\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_\_\_ Roll No \_\_\_\_\_\_\_\_Course instructor:: \_\_\_\_\_\_\_\_\_\_\_Course officer: \_\_\_\_\_\_\_\_\_\_\_

Date of request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date submitted to Course/departmental officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request for leave: From \_\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Leave: AL, BAL, PBAL,C/L, Med, .eave/off: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year \_\_\_\_\_\_\_\_\_\_\_\_\_ Reason: (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I further state that self shall report on duty in time on expire of sanctioned leave and submit documentary proof in case of sick leave and casual leave. I further understand that the date of reporting in institute is \_\_\_\_\_\_\_ in case leave sanctioned. I shall complete outgoing routine and submit and collect leave pass from the Admin office. prior to proceed on leave. :Name of Next of Kin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No: \_\_\_\_\_\_\_\_\_\_\_ Mail id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I Hereby state I have availed total\_\_\_\_\_\_\_\_\_\_\_ days {A/L, C/L, or part A/L, Duty offs} leave in the current year till to date. Forwarded to departmental officer for action/sanction of leave :

Handed over to course instructor (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name & Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received application of \_\_\_\_\_\_\_\_ and forwarded t course in charge on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature with date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks by Departmental officer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended/Not recommended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forwarded to the Head of Institute:

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

=================================================================

Recommendation of Head of Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ And forwarded to the Executive Director for approval/not approval

Signature with date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ED’s Remarks: Granted /Not Granted

Executive Director Signature with date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outgoing routine: {all are to sign with date please}

CAS in charge \_\_\_\_\_\_\_\_\_ Course in charge/departmental Officer \_\_\_\_\_\_\_\_\_\_\_\_\_

Course instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hostel warden \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{Submit in the office of ED through CAS in charge duly signed by the above by the applicant only}