

**राष्ट्रीय प्रौद्योगिकी संस्थान रायपुर**  
**National Institute of Technology Raipur**

**Application for Casual Leave/Restricted Leave/Special Casual Leave**

|           |   |  |                             |
|-----------|---|--|-----------------------------|
| <b>1.</b> | Name :  | Designation:                             | Deptt. :                    |
| <b>2.</b> | Purpose of leave<br>(attach proof in case of Special casual leave)<br>(as specified in office order No. NITRR/Estt.Gaz/2014/1244<br>dtd 18/07/2014) | :  |                             |
| <b>3.</b> | Date of joining duty  | :  |                             |
| <b>4.</b> | No. of days of leave<br>(excluding Saturday, Sunday and holidays)   | :  |                             |
| <b>5.</b> | Charge hand over to   | : Name                                   | signature                   |
| <b>6.</b> | Details of Class arrangement by faculty :   |  |                             |
|           | <b>S.No</b>   | <b>Name &amp; Designation of faculty</b> | <b>Date</b>                 |
|           | <b>Signature</b>  |  |                             |
|           | 1.  |  |                             |
|           | 2.  |  |                             |
|           | 3.  |  |                             |
|           | 4.  |  |                             |
|           | 5.  |  |                             |
|           | 6.  |  |                             |
| <b>7.</b> | Whether Head Quarter Leave required   | : Yes <input type="checkbox"/>           | No <input type="checkbox"/> |
| <b>8.</b> | Period of absence   | : From                                   | To                          |
| <b>9.</b> | Address and phone no. during absence  |  |                             |
|           |   | :  |                             |

Date : ...../...../.....

.....  
**Signature of applicant**

.....  
Recommended /Non-Recommended  
**(Head of the Department)**

Casual Leave Balance : \_\_\_\_/08 ; Restricted Leave Balance: \_\_\_\_/02 ; Special Casual Leave Balance: \_\_\_\_/15

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Verified by  
**Deputy Registrar (Admin)**

Granted / not granted  
**(Director)**

- All faculty/staff members shall seek **casual leave/Restricted leave** permission from their respective HoDs/Section Heads as their Casual leave record are maintained in the Departments/Sections.

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