

Application Form for Earned Leave/Commuted Leave/HPL (Teaching)

1.	Name	:	Designation:	Deptt.:
2.	Purpose of leave (attach proof in case of Special casual leave) (as specified in office order No. NITRR/Estt.Gaz/2014/1244 dtd 18/07/2014)		:	
3.	Previous Leave Details (EL/HPL/Commuted Leave/CL/RH/SCL)		: From: To	
4.	Period of Leave		: From: To	
5.	Date of joining duty		:	
6.	No. of days of leave (Sundays and Holidays, if any, propose to be prefixed/suffixed to Leave)		:	
7.	Charge hand over to		:	
8.	Details of Class arrangement by faculty:			
	S.No	Name & Designation of faculty	Date	Signature
	1.			
	2.			
	3.			
	4.			
	5.			
9.	Whether Head Quarter Leave required (if required please mention dates)		: Yes No	
10.	Address and phone no. during absence		:	

Signature of applicant	Recommended /Non-Recommended (Head of the Department)	
Earned Leave Balance: ;	Half Pay Leave Balance:	
	Verified by	

Verified by Joint Registrar

Date of application:

Granted / not granted (Director)

• Please send this Leave Application to Establishment Section/Director/Registrar Office.