Application for Special Casual Leave/Project Leave

1.	Name:	Employee Code:
2.	Department:	Designation:
3.	Type of Leave	
4.	Reason for the Leave	
	(Attach documents if any)	
5.	Host Institution/Organization	
6.	Total duration of absence	
7.	Duration of Leave	
8.	Duration of holidays (if any)	
9.	Station Leave, if required	
10.	J J	Yes/No
	approved by DRP&D office	
11.		
	If no, please specify, if it is pre visit	
	or post visit for consultancy	
	work/research project/ others	
	(document to be attached)	
12.	Alternate arrangement made for the	
	(a) classes	
	(b) academic and administrative	
10	responsibilities	7 111 27
13.	Contact address during the Leave	Landline No:
	Period	Mobile No:
	Control toloniana No. doning the	
	Contact telephone No. during the	
	Leave period	

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Signature of the applicant Date:

Sanctioning Authority
Director/Head of the Department