

ANNEXURE - VI
(See Byelaw 6.1)

H. R. SECTION
Application for Casual Leave

1. Name _____ Empl. Code _____
2. Designation _____ Section _____
3. Period of Casual Leave applied for _____ days (from _____ to _____)
with permission to prefix/suffix Sundays and Holidays on _____.
4. Reason _____

Date : _____

(Signature of Applicant)

Remarks of the Head of Department

Casual Leave taken _____ days.

Sanctioned	Not Sanctioned
	Reason, if not sanctioned

Head of Department

Vice Chancellor/Dean/Registrar

Remarks of the H.R. Section

Casual Leave for _____ days from _____ to _____ sanctioned / refused.

Casual Leave balance after deduction _____

(Leave Record Incharge)
(HR Section)

.....

Received the application of Shri/Smt./Kum. _____

for casual leave for _____ days from _____ to _____ on _____.

**Signature and Name of Receiver
of the Application.**

H. R. SECTION
Application for Optional Holiday

1. Name _____ Empl. Code _____
2. Designation _____ Section _____
3. Optional Holiday required on _____ on account of _____
_____.

Date : _____

(Signature of Applicant)

Remarks of the Head of Department

Optional Holiday taken _____ day.

Sanctioned	Not Sanctioned
	Reason, if not sanctioned

Head of Department

Vice Chancellor/Dean/Registrar

Remarks of the H.R. Section

Optional Holidays on _____ sanctioned / refused.

Optional Holidays balance after deduction _____.

(Leave Record Incharge)
(HR Section)

.....

Received the application of Shri/Smt./Kum. _____

for Optional Holiday for ____ days from _____ to _____ on _____.

Signature and Name of Receiver
of the Application.

**H. R. SECTION
Application for Leave**

1. Name _____ Empl. Code _____
2. Designation _____ Section/Unit _____
3. *Nature of leave and period of leave required _____
from _____ to _____
4. Reason _____
5. Address during absence of leave _____
*Earned Leave / Commuted Leave / Sick Leave (Half Pay)** / Leave on Loss of Pay
6. **Medical Certificate is essential if leave taken on medical grounds.

Date : _____

(Signature of Applicant)

Remarks of the Head of Department

Sanctioned	Not Sanctioned
Shri/Smt./Kum. _____ may please be appointed as substitute to hold additional charge of the post of/to act at _____ during the period of leave.	Reason, if not sanctioned

Head of Department

Vice Chancellor/Dean/Registrar

Remarks of the H.R. Section

Nature of Leave	Opening Balance	No. of days taken	From	To	Closing Balance	Sanctioned/ Refused
Earned Leave						
Commuted Leave						
Sick Leave/Half pay Leave						
Leave on Loss of Pay Leave						

It is certified that Shri/Smt./Kum. _____ would have continued to officiate as _____ but for proceeding on leave.

Appointment of Shri/Smt./Kum. _____ to act as / to hold additional charge of post of / as substitute _____ may please be approved during the said period of leave.

**(Leave Record Incharge)
(HR Section)**

Registrar

.....
Received the application of Shri/Smt./Kum. _____

for _____ leave for _____ days from _____ to _____ on _____.

**Signature and Name of Receiver
of the Application.**

H. R. SECTION
Application for Consultancy/Special Leave

1. Name _____ Empl. Code _____
2. Designation _____ Section/Unit _____
3. No. of days _____ from _____ to _____
4. Consultancy Days (52 days)/ Special Leave (15 days)
5. Address/Contact during absence of leave for the above mentioned period

6. Documents Attached _____ Approved (Yes/No) _____
7. Amount shared with University (Yes/ No) _____ Exempted (Yes/No) _____

Date : _____ (Signature of Applicant)

Remarks of the Head of Department

Sanctioned	Not Sanctioned
Shri/Smt./Kum. _____ may please be appointed as substitute to hold additional charge of the post of/to act at _____ during the period of leave.	Reason, if not sanctioned

Head of Department

Vice Chancellor/Dean/Registrar

Remarks of the H.R. Section

Nature of Leave	Opening Balance	No.of days taken	From	To	Closing Balance	Sanctioned/ Refused
Consultancy days						
Special Leave						

(Leave Record Incharge)
(HR Section)

Registrar

.....
Received the application of Shri/Smt./Kum. _____

for _____ for _____ days from _____ to _____ on _____.

**Signature and Name of Receiver
of the Application.**

H. R. SECTION
Application for Outdoor Duty/Duty Leave

1. Name _____ Empl. Code _____
2. Designation _____ Section/Unit _____
3. No. of days _____ from _____ to _____
4. Outdoor Duty /Duty Leave 5. Reason: _____
6. Address/Contact during absence of leave for the above mentioned period

7. Documents Attached _____ Approved (Yes/No) _____

Date : _____

(Signature of Applicant)

Remarks of the Head of Department

Sanctioned	Not Sanctioned
Shri/Smt./Kum. _____ may please be appointed as substitute to hold additional charge of the post of/to act at _____ during the period of leave.	Reason, if not sanctioned

Head of Department

Vice Chancellor/Dean/Registrar

Remarks of the H.R. Section

Nature of Leave	No.of days taken	From	To	Reason	Sanctioned/ Refused
Outdoor Duty					
Duty Leave					

(Leave Record Incharge)
(HR Section)

Registrar

.....
Received the application of Shri/Smt./Kum. _____
for OD/Duty leave for _____ days from _____ to _____ on _____.

**Signature and Name of Receiver
of the Application.**

H. R. SECTION
Application for Compensatory Off/Holiday

1. Name _____ Empl. Code _____
2. Designation _____ Section/Unit _____
3. No. of days _____ from _____ to _____
4. Prefixed/Suffixed to any leave _____ Total leave period _____
6. Address/Contact during absence of leave for the above mentioned period

8. No. of days worked for which compensatory off is taken _____
9. Documents Attached _____ Approved (Yes/No) _____

Date : _____

(Signature of Applicant)

Remarks of the Head of Department

Sanctioned	Not Sanctioned
Shri/Smt./Kum. _____ may please be appointed as substitute to hold additional charge of the post of/to act at _____ during the period of leave.	Reason, if not sanctioned

Head of Department

Vice Chancellor/Dean/Registrar

Remarks of the H.R. Section

Nature of Leave	No.of days taken	From	To	Reason	Sanctioned/Refused
Compensatory off					

(Leave Record Incharge)
(HR Section)

Registrar

.....
Received the application of Shri/Smt./Kum. _____

for Compensatory off/Holiday for _____ days from _____ to _____ on _____.

**Signature and Name of Receiver
of the Application.**