

APPLICATION FORM FOR ACADEMIC LEAVE

1. Name of the Applicant	
2. Roll No and Designation	
3. Unit and Division	
4. Date of Appointment	
5. Purpose of Leave (attach supporting documents)	
6. Period of Intended Leave (no. of days)	
7. Financial assistance to be received (attach supporting documents)	
8. Signature of the applicant with date	
For use in the Office	
9. Accumulated AL balance before this application	----- days (total) ----- days (with pay)
10. Recommendation of Unit Head (Give reason in case leave is not recommended) Signature with date	11. Recommendation of Professor-in-Charge /Head of SQC and OR Division and Dean (if required), give reason in case leave is not recommended) Signature with date
12 Sanction	Yes/No if yes With pay/ Without pay
Signature of Sanctioning Authority with date	