



LEAVE APPLICATION

To be filled in by Ph.D. Scholar atleast three days before the commencement of date/s of leave

NAME :

LEAVE FROM.....TO.....

NATURE OF LEAVE (Casual/Medical/Duty).....

REASON:.....

WITH PREFIX..... AND/ OR SUFFIX.....

ADDRESS DURING LEAVE:.....

.....

CONTACT PHONE NO. DURING THE LEAVE PERIOD:.....

Recommended by <div style="text-align: right; margin-top: 20px;">Signature of Supervisor</div>

DEPARTURE REPORT

I am proceeding on leave w.e.f.....after getting the same sanctioned by H.O.D.

I undertake that at the time of joining, I shall submit work progress report (or fitness certificate in case of Medical Leave).

Signature of Applicant.....

Name.....

Date.:

Approved by Head of the Department