

APPLICATION FORM FOR ACADEMIC LEAVE

1. Name	
2. Roll No. & Designation	
3. Unit & Division	
4. Date of Appointment	
5. Purpose of Leave; attach supporting documents	
6. Period of Intended leave	From: _____ to: _____ (_____ days)
7. Financial Assistance to be received	If less than the amount specified in Leave Rules to qualify as Leave with Pay, provide details and attach supporting documents, otherwise, mention 'higher than Rs.2,00,000/- per month or equivalent of US\$9,000 per month pro rata', whichever is applicable
8. Signature of Applicant with date	
For Office Use Only	
9. Accumulated AL balance before this application days (total); days (with pay)
10. (a) Number of AL with pay days availed in the current calendar year, if any	
(b) Number of days of PDL availed in the current calendar year, if any	
(c) Balance AL with pay days available = [120 - (a+b)] for the current calendar year	
11. Recommendation of Unit Head ; give reasons if leave is not recommended	12. Recommendation of Professor-in-Charge/ Head, SQC&OR Division and Dean (if required); give reasons if leave is not recommended
Signature with date	Signature with date
13. Sanction: Yes / No If yes, with pay / without pay	
Signature of Sanctioning Authority with date	