



राजकीय महिला अभियान्त्रिकी महाविद्यालय, अजमेर
GOVT. WOMEN ENGINEERING COLLEGE, AJMER

APPLICATION FORM FOR LEAVE (TEACHING STAFF)

DEPARTMENT OF

1. Name of Applicant :
2. Designation :
3. Type of Leave :

	Duration		Head Quarter Leave		Total Period of Leave
	From	To	From	To	
Causal Leave (CL)					
Restricted Holiday (RH)					
Privilege/Earned Leave (PL)					
Medical Leave (ML)/ Half Pay Leave (HPL)					
Academic/Vacation/ Duty Leave					
Other					

Arrangement of Classes/Duties

Date with Day	I	II	III	IV	V	VI
	Name with signature of the Substitute					

4. Reason for Leave :
5. Arrangement of Administrative Duties :
6. Address & Mobile No. during Leave :
7. Number & details of previously attended academic program (if any) in the session : (Attach separate sheet for details) :

Date

Signature of the applicant

8. Recommendation of DFB (for Academic Program): Permitted/Not Permitted (Attach Minutes of DFB Meeting)
- Signature of Forwarding Authority (HOD/Section Incharge)
- Signature of Forwarding Authority (Coordinator H&S)
(Only for English, Physics, Chemistry & Maths)
9. Recommendation of NOA-TEQIP-II: Permitted/Not Permitted/Not Applicable (If applying under TEQIP-II)
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10. Recommendation & Signature of Forwarding Authority (CC-TEQIP-II) Permitted/Not Permitted/Not Applicable (If applying under TEQIP-II)
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11. Comment of A.R. (Estt.) - regarding the permissible leave for above program.
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12. Comment of DR - regarding the permissible leave for above program.
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13. Comment & Signature of forwarding authority (Registrar)
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14. Comment & Signature of Principal : Permitted / Not Permitted
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FOR OFFICE USE ONLY

File No.: Type of Leave: Leave Date:

REMARK

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(Assistant Registrar)
Establishment Section