**jk"Vªh; izkS|ksfxdh laLFkku jk;iqj**

**National Institute of Technology Raipur**

**Application for Casual Leave/Restricted Leave/Special Casual Leave**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.** | Name : | | Designation: | | Deptt. : |
| **2.** | Purpose of leave  (attach proof in case of Special casual leave)  (as specified in office order No. NITRR/Estt.Gaz/2014/1244  dtd 18/07/2014) | | : | | |
| **3.** | Period of absence | | : **From To** | | |
| **4.** | Date of joining duty | | : | | |
| **5.** | No. of days of leave  (excluding Saturday, Sunday and holidays) | | : | | |
| **6.** | Charge hand over to | | : | | |
| **7.** | Details of Class arrangement by faculty : | |  | | |
| **S.No** | **Name & Designation of faculty** | **Date** | **Signature** | |
| 1. |  |  |  | |
| 2. |  |  |  | |
| 3. |  |  |  | |
| 4. |  |  |  | |
| 5. |  |  |  | |
|  | | | | |
| **8.** | Whether Head Quarter Leave required (if required please mention dates) | | : Yes No | | |
| **9.** | Address and phone no. during absence | | : | | |
| Date : 29/12/2017. | | | ………………………………………………………………………  **Signature of applicant** | | |
| ……………………………………………………  Recommended /Non-Recommended  **(Head of the Department)** | | | | | |
| Casual Leave Balance : /08 ; Restricted Leave Balance: /02 ; Special Casual Leave Balance: \_\_\_ /15  …………………………………….  Verified by  **Deputy Registrar (Admin))** | | | | | |
| Granted / not granted  **(Director)** | | | | | |
| * All faculty/staff members shall seek **casual leave/restricted leave** permission from their respective HoDs/Section Heads as their leave records are maintained in the Departments/Sections.   \* \* \* \* \* \*\* | | | | | |

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