



FORM: ADMN/2Aa-R

LEAVE APPLICATION (Administrative Staff-Regular)

1	Name	Dr./ Mr./ Ms.			
2	Designation				
3	Dept./Section/ Centre				
4	Nature & Period of Leave (For Spt. CL, Commuted Leave, Maternity Leave, Paternity Leave etc. Please attach supporting papers)	Nature	From	To	No. of Days
5	Holidays,	Prefix	From:	To:	No of Days:
	Prefixed/ suffixed	Suffix	From:	To:	No of Days:
6	Reasons for leave				
7	Whether Station Leave Permission required or not	Yes, From:	To:	No	
8	Alternative Arrangement during the proposed leave				
9	Signature of Alternative Arrangement				
10	Address on Leave	:			
		Contact Phone No: (if any)	Pin:		

Signature of the Applicant

Note:

- All kind of leave, should be applied in this form and forwarded to the Director for approval after recommendation of the Registrar.**
- The approved leave form may then be forwarded to the Admin Section for reconciliation and record purpose.**

FOR OFFICE USE

Certified that the following leave is admissible to:

Name of the applicant	Dr./Mr./Ms.:			
Designation				
Dept./ Section/ Centre				
Nature and period of leave admissible	Nature	From	To	No. of Days
Holidays Prefixing/ Suffixing	Prefix			
	Suffix			
Station Leave	From:	To:	No. of Days:	
Leave Balance (As on)				
	Accumulated	Availed	Balance	Remarks
Restricted Holiday				
Casual Leave				
Earned Leave				
Other Leave				

Leave as above is recommended and may be approved:

Signature of the Registrar

Approved/ Not Approved

Director, IIITM

Note: Approval for leave shall be obtained by the applicant from the competent authority and thereafter submitted to Establishment Section for leave balance updating and record.