



डा० शकुन्तला मिश्रा राष्ट्रीय पुनर्वास विश्वविद्यालय, लखनऊ  
Dr. Shakuntala Misra National Rehabilitation University, Lucknow  
उत्तर प्रदेश सरकार

**APPLICATION FOR EARNED LEAVE**

Name : .....  
Designation : .....  
Duration of leave : From ..... to ..... (Total days.....)  
Reason : .....  
Station Leave (If any) : .....  
Leave Address : .....  
.....Mobile No.....

- 1/30th of the actual service, including vacation; *plus*
- 1/3rd of the period, if any, during which he/she is required to perform duty during the vacation.
- Earned leave at the credit of a teacher shall not accumulate beyond 300 days.
- Add 30 day to every january month after completion of one year of service.

Leave Due..... Leave Availed ..... Leave Balance : .....

As on date .....  
(Filled by Faculty/departmental clerical staff)

I have made alternate arrangements for my academic commitments, if any during the leave period as following :-

1-.....  
2-.....

Date :-.....

Signature of Employee:-.....

Forwarded by **HOD**  
(Signature & Seal of the HOD)

Forwarded by **Dean**  
(Signature & Seal of the Dean)

**Recommended / Not recommended**

**Registrar**

**(Signature & Seal of the Recommended Authority)**

**(FOR OFFICE USE ONLY)**

**Letter No.**

**Dated**

**Copy to :** 1-Finance officer, DSMNRU, Lucknow.

2- Keep on Personal File.



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**APPLICATION FOR DUTY LEAVE**

Name : .....

Designation : .....

Duration of leave : From ..... to .....(Total days.....)

Reason : .....

Station Leave (If any) : .....

Leave Address : .....

.....Mobile No.....

Duty leave upto 30 days in an academic year may be granted for the following purposes:

- (a) Attending Orientation Programme, Refresher Course, Research Methodology Workshop, Faculty Induction Programme, Conference, Congresses, Symposia and Seminar, as a delegate nominated by the university or with the permission of the university/college ;

Leave Due..... Leave Availed ..... Leave Balance : .....

(Filled by Faculty/departmental clerical staff)

I have made alternate arrangements for my academic commitments, if any during the leave period as following :-

- 1-.....
- 2-.....

Date :-.....

Signature of Employee:-.....

Forwarded by **HOD**  
(Signature & Seal of the HOD)

Forwarded by **Dean**  
(Signature & Seal of the Dean)

**Recommended / Not recommended**

**Registrar**

**(Signature & Seal of the Recommended Authority)**

**(FOR OFFICE USE ONLY)**

**Letter No. Dated**

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**Note : A separate application will be submitted for the Refresher Programme and Orientation Programme by the academic staff**



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**APPLICATION FOR CASUAL LEAVE**

Name : .....

Designation : .....

Duration of leave : From ..... to .....(Total days.....)

Reason : .....

Station Leave (If any) : .....

Leave Address : .....

.....Mobile No.....

The total casual leave granted to a teacher shall not **exceed eight days in an academic year.**

Leave Due..... Leave Availed ..... Leave Balance : .....

(Filled by Faculty/departmental clerical staff)

I have made alternate arrangements for my academic commitments, if any during the leave period as following :-

1-.....

2-.....

(Signature of Office Staff)

Signature of Employee:-.....  
Date :-.....

**Approved / Not Approved**

**(Signature & Seal of the Sanctioning Authority)**