



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)

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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)