



অসম বিশ্ববিদ্যালয় সিলচর
ASSAM UNIVERSITY SILCHAR

FORMAT - T

Application for Leave or Extension of Leave for Teaching Faculties

(Earned Leave/ Commuted Leave/ Child Care Leave/Maternity Leave with/without station leave permission)

1. Name of Applicant
2. Post held :
3. Name of the Department :
4. Pay (Basic Pay) :
5. House Rent & Other Compensatory Allowances drawn in the present post :
6. Nature & Period of Leave applied for & Date from which required :
7. Sundays & holidays, if any, proposed to be proposed to be prefixed/suffixed to leave :
8. Grounds on which leave is applied for :
9. Date of return from last leave & the Nature & Period that leave :
10. I propose/do not propose to avail myself of Leave Travel Concession for the Block Year
_____ :
11. Address during the leave period :

Signature of the applicant with date

12. Certified that no Evaluation/Examination work is pending against him/her. Leave as applied for may be granted

Remarks of PVC

Signature of Dean of School/HOD with Seal

CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

13. Certified that _____ (nature of leave) for _____ (period) from _____ to _____ is admissible under Rule _____ of the Central Civil Services (Leave) Rules, 1972.

Signature (with date) & Designation

14. Orders of the Vice Chancellor :

LEAVE GRANTED/LEAVE NOT GRANTED

Vice Chancellor