



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/Paternity 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. Full address of the station (including State) during leave period along with contact details : _____

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

Certified that _____ (nature of leave) for _____ (period) from _____ to _____ is admissible under Ordinance 28/UGC Regulations and decisions there under & as amended in respect of the teachers.

Signature (with date) & Designation

Orders of the Vice Chancellor :

LEAVE GRANTED/LEAVE NOT GRANTED

Vice Chancellor