# ANNEXURE - VI ( See Byelaw 6.1 )

## H. R. SECTION Application for Casual Leave

1.	Name		Empl. Code				
2.	Designation		Section				
3.	Period of Casua	al Leave applied	for days (from	to)			
	with permission	n to prefix/suffix	Sundays and Holidays	s on			
4.	Reason						
Date	<b>:</b>			(Signature of Applicant)			
		Remarks of t	he Head of Departme	ent			
Casua	al Leave taken	days					
Sanctioned			Not Sanctioned				
			Reason, if not sanction	ned			
Head	of Department		Vice Cha	nncellor/Dean/Registrar			
		Remarks	of the H.R. Section				
Casua	al Leave for	days from _	to	sanctioned / refused.			
Casua	al Leave balance a	after deduction _					
			(Lea	ve Record Incharge) (HR Section)			
•••••	••••••	•••••	••••••	••••••			
Recei	ved the application	on of Shri/Smt./K	Kum				
for ca	sual leave for	days from	to	on			

## H. R. SECTION Application for Optional Holiday

1.	Name	Empl. Code
2.	Designation	Section
3.	Optional Holiday required on _	on account of
Date	:	(Signature of Applicant)
	Remarks of	the Head of Department
Optio	onal Holiday taken	
Sanct	tioned	Not Sanctioned
		Reason, if not sanctioned
Head	l of Department	Vice Chancellor/Dean/Registrar
	Remark	s of the H.R. Section
Optio	onal Holidays on	sanctioned / refused.
Optio	onal Holidays balance after deduct	tion
		(Leave Record Incharge) (HR Section)
•••••	•••••	••••••
Recei	ived the application of Shri/Smt./l	Kum
for O	ptional Holiday for days fro	om to on

#### H. R. SECTION Application for Leave

1.	Name Empl. Code									
2.	Designation Section/Unit									
3.	*Nature of leave and period of leave required from to									
4.	Reason									
5.	Address during absence of leave*Earned Leave / Commuted Leave / Sick Leave (Half Pay)** / Leave on Loss of Pay									
6.	**Medical Certificate is essential if leave taken on medical grounds.									
Date:_	ate : (Signature of Applicant)									
		Remai	rks of	the H	ead of Dep	artment				
Sanction	ned				Sanctioned					
please	be appointed as al charge of the		hold et at	Reaso	on, if not sa	nctioned				
Head of	f Department				Vice Ch	ancellor/Dean	/Registrar			
		Re	emark	s of th	e H.R. Sec	tion				
Nature o	of Leave	Opening Balance	No.o days taker		From	То	Closing Balance	Sanctioned/ Refused		
Earned	Leave									
	ted Leave									
Sick L Leave	Leave/Half pay									
Leave (	on Loss of Pay									
It is ce	ertified that Shri	/Smt./Kum r proceeding on				_ would have	e continued t	o officiate as		
	tment of Shri/Smt te							of post of / as		
(Leave Record Incharge) (HR Section)					Registi	rar				
•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••	•••••		
Receive	ed the application	of Shri/Smt./Ku	m							
for	leave for	days fror	n		to	on				

## H. R. SECTION Application for Consultancy/Special Leave

1.	Name			Empl. Code						
2.	Designation				Section/Unit					
3.	No. of days_	ys fre				to				
4.	Consultancy	Days (52 da	ys)/ Sp	ecial l	Leave (1	5 days)				
5.	Address/Contact during absence of leave for the above mentioned period									
6.	Documents A	Attached	A <sub>]</sub>	_ Approved (Yes/No)						
7.	Amount sha	red with Univ		Exempted (Yes/No)						
Date	<b>:</b>					(5	Signature of .	Applicant)		
		Remar	ks of t	he He	ad of D	epartmen	nt			
Sanct	ioned			Not S	Sanction	ed				
may p to ho of/to	Smt./Kum	inted as subscharge of the	stitute e post	Reas	on, if no	ot sanction	ed			
Head	of Departme	nt			Vice	Chancel	lor/Dean/Reg	gistrar		
		Re	marks	of the	e H.R. S	Section				
Natur	re of Leave	Opening Balance	No.o days taker		From	То	Closing Balance	Sanctioned/ Refused		
	ultancy days									
Speci	al Leave									
(Leave Record Incharge) (HR Section)							Registra	r		
Recei	ved the applic	ation of Shri	/Smt./K	lum						
for	for	dav	s from			to	on	_		

## H. R. SECTION Application for Outdoor Duty/Duty Leave

1. Name			Empl. Code					
2. Designation	n		Section/Unit					
3. No. of days	S	fr	om	nto				
4. Outdoor D	uty /Duty L	eave 5.	Reason:_					
6. Address/Co	ontact durin	ng absence	e of leave f	For the above mention	oned period			
7. Documents	Attached _			Approved (Yes/No)				
Date :				(Signat	ture of Applicant)			
	Ren	narks of t	he Head o	of Department				
Sanctioned			Not Sanc	tioned				
Shri/Smt./Kummay please be app to hold additional of/to act atthe period of leave  Head of Departm	charge of	ubstitute the post	Reason, if not sanctioned  Vice Chancellor/Dean/Registrar					
		Remarks	of the H.	R. Section				
Nature of Leave	No.of days taken	From	То	Reason	Sanctioned/ Refused			
Outdoor Duty								
Duty Leave								
(Leave Record In (HR Section	on)			R	egistrar			
Received the appli	cation of S	hri/Smt./I	Kum					
TOT OD/Duty ICAN	C 101	uays II		iU				

## H. R. SECTION Application for Compensatory Off/Holiday

1.	Name			Empl. Code						
2.	Designation			Section/Unit						
3.	No. of days from			om	to					
4.	Prefixed/Suf	fixed to an	y leave_		Total leave	period				
6.	Address/Con	tact during	g absence	e of leave f	or the above ment	ioned period				
8.	No. of days worked for which compensatory off is taken									
9.	Documents A	Attached _			Appro	ved (Yes/No)				
Date :	:				(Signa	ature of Applicant)	)			
		Rem	arks of t		f Department					
Sancti	loned			Not Sanct	tioned					
may p to hol of/to	mt./Kum	inted as su harge of t	bstitute he post	Reason, i	f not sanctioned					
Head	of Departmen	nt		V	ice Chancellor/D	Dean/Registrar				
		I	Remarks	of the H.I	R. Section					
Nature	e of Leave	No.of days taken	From	То	Reason	Sanctioned Refused	1/			
Comp	ensatory off									
(Leave Record Incharge) (HR Section)				Registrar						
Receiv	ved the applica	ation of Sh	ri/Smt./k	Kum		on	_			