ANNEXURE - VI
(See Byelaw 6.1)

H. R. SECTION
Application for Casual Leave

1. Name ________________________________________ Empl. Code __________
2. Designation __________________________  Section ______________________
3. Period of Casual Leave applied for ______ days (from _________ to _________)
   with permission to prefix/suffix Sundays and Holidays on _________________.
4. Reason ___________________________________________________________

Date : ________________________  (Signature of Applicant)

Remarks of the Head of Department
Casual Leave taken__________days.

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<tr>
<th>Sanctioned</th>
<th>Not Sanctioned</th>
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<tbody>
<tr>
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<td>Reason, if not sanctioned</td>
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</tbody>
</table>

Head of Department  Vice Chancellor/Dean/Registrar

Remarks of the H.R. Section
Casual Leave for _______ days from _________ to __________ sanctioned / refused.
Casual Leave balance after deduction _________________________________________

(Leave Record Incharge)
(HR Section)

Received the application of Shri/Smt./Kum.______________________________
for casual leave for ______ days from __________ to __________ on _________.

Signature and Name of Receiver of the Application.
**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**

Optional Holiday taken ________________ day.

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**Head of Department**

Vice Chancellor/Dean/Registrar

**Remarks of the H.R. Section**

Optional Holidays on ________________ sanctioned / refused.

Optional Holidays balance after deduction ________________.

(Leave Record Incharge)  
(HR Section)

………………………………………………………………………………………………

Received the application of Shri/Smt./Kum. ________________

for Optional Holiday for ____ days from _________ to __________ on ________.

Signature and Name of Receiver of the Application.
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 : ________________________  (Signature of Applicant)

Remarks of the Head of Department

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<tr>
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<tbody>
<tr>
<td>Shri/Smt./Kum. __________ may please be appointed as substitute to hold additional charge of the post of/to act at __________ during the period of leave.</td>
<td>Reason, if not sanctioned</td>
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</table>

Remarks of the H.R. Section

<table>
<thead>
<tr>
<th>Nature of Leave</th>
<th>Opening Balance</th>
<th>No.of days taken</th>
<th>From</th>
<th>To</th>
<th>Closing Balance</th>
<th>Sanctioned/Refused</th>
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<tr>
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<td>Sick Leave/Half pay Leave</td>
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<td>Leave on Loss of Pay</td>
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It is certified that Shri/Smt./Kum. ______________ would have continued to officiate as __________ but for proceeding on leave. Appointment of Shri/Smt./Kum. ______________ to act as / to hold additional charge of post of / as substitute __________ may please be approved during the said period of leave.

(Leave Record Incharge)  Registrar
( HR Section)

…………………………………………………………………………………………………………………………

Received the application of Shri/Smt./Kum. ____________________________

for _______ leave for _______ days from _________ to __________ on _______.

Signature and Name of Receiver of the Application.
Form (d)

H. R. SECTION
Application for Consultancy/Special Leave

1. Name _______________________________________ Empl. Code __________
2. Designation ________________________ Section/Unit____________________
3. No. of days___________ from ____________ to ______________
4. Consultancy Days (52 days)/ Special Leave (15 days)
5. Address/Contact during absence of leave for the above mentioned period
6. Documents Attached _________________________ Approved (Yes/No)_______
7. Amount shared with University ( Yes/ No) Exempted (Yes/No)

Date : ________________________ (Signature of Applicant)

Remarks of the Head of Department

Sanctioned | Not Sanctioned
---|---
Shri/Smt./Kum. _______________ may please be appointed as substitute to hold additional charge of the post of/to act at _____________ during the period of leave. | Reason, if not sanctioned

Head of Department | Vice Chancellor/Dean/Registrar

Remarks of the H.R. Section

<table>
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<tr>
<th>Nature of Leave</th>
<th>Opening Balance</th>
<th>No.of days taken</th>
<th>From</th>
<th>To</th>
<th>Closing Balance</th>
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(Leave Record Incharge) (HR Section) Registrar

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Received the application of Shri/Smt./Kum. ____________________________

for ________ for _______ days from __________ to __________ on _________.

Signature and Name of Receiver of the Application.
Form (e)

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

1. Name _______________________________________ Empl. Code __________
2. Designation_________________________ Section/Unit____________________
3. No. of days___________ from _____________ to _______________
6. Address/Contact during absence of leave for the above mentioned period

7. Documents Attached______________ Approved (Yes/No)_______

Date : ________________________  (Signature of Applicant)

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Shri/Smt./Kum. ________________ may please be appointed as substitute to hold additional charge of the post of/to act at _____________ during the period of leave.

Reason, if not sanctioned

Head of Department  Vice Chancellor/Dean/Registrar

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<tr>
<th>Remarks of the H.R. Section</th>
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<tbody>
<tr>
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<tr>
<td>Outdoor Duty</td>
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<td>Duty Leave</td>
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(Leave Record Incharge) (HR Section)

Registrars

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Received the application of Shri/Smt./Kum. __________________________

for OD/Duty leave for _______ days from _____________ to __________ on _________.

Signature and Name of Receiver of the Application.
**H. R. SECTION**

**Application for Compensatory Off/Holiday**

1. **Name** _______________________________________ **Empl. Code** __________
2. **Designation** ________________________ **Section/Unit**____________________
3. **No. of days**_________ from _____________ to _______________
4. Prefixed/Suffixed to any leave______________ Total leave period____________
6. Address/Contact during absence of leave for the above mentioned period

__________________________________________________________________

8. **No. of days worked for which compensatory off is taken**____________________
9. Documents Attached _________________________ Approved (Yes/No)_____

**Date : ________________________**  
(Signature of Applicant)

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(Leave Record Incharge)  
(HR Section)  

Registrar  

…………………………………………………………………………………………………………………………

Received the application of Shri/Smt./Kum. ________________________________ for Compensatory off/Holiday for _____ days from _____ to _____ on __________.  

Signature and Name of Receiver of the Application.