

## राष्ट्रीय प्रौद्योगिकी संस्थान मेघालय NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA

## **LEAVE APPLICATION**

(Academic Leaves up to 20 days in a year)

| 1. Name of the applicant  |                             |        |            |  |      |      | I        | M.Tech      |             | PhD/PDF/RA |  |
|---|-----------------------------|--------|------------|--|------|------|----------|-------------|-------------|------------|--|
| 2. Programme / Dept. / Semester   |                             |        |            |  |      |      | <u> </u> |             |             |            |  |
| <ol> <li>Nature &amp; Period of Leave<br/>(Academic Leaves up to than 20 days<br/>a year. Supporting documents to be<br/>attached)</li> </ol> |                             |        | Nature     |  | From |      | То       |             | No. of Days |            |  |
|   |                             |        |            |  |      |      |          |             |             |            |  |
|   |                             |        |            |  |      |      |          |             |             |            |  |
|   |                             |        |            |  |      |      |          |             |             |            |  |
| 4. Holidays,<br>Prefixing / Suffixing   |                             | Prefix | From:      |  | То   | To:  |          | No. of Days |             |            |  |
|   |                             | Suffix | From       |  | То   | To : |          | No. of Days |             |            |  |
| 5. Reasons for leave  |                             |        |            |  |      |      |          |             |             |            |  |
|   |                             |        |            |  |      |      |          |             |             |            |  |
| 6. Whether Station Leave permis   | ed or not                   | Ye     | Yes, From: |  |      | To:  |          |             | NO          |            |  |
| 7. Address while on leave   |                             |        |            |  |      |      |          |             |             |            |  |
|   |                             |        |            |  |      |      |          |             |             |            |  |
|   | Contact Phone No. (if any): |        |            |  |      |      |          | Pin:        |             |            |  |

Signature of the Applicant Roll no:\_\_\_\_\_

 Balance Leave as on date:
 No of Days:
 Signature of JA:

 (to be verified by JA ,Academic Sec before approval.)
 Date:

Remarks and / or recommendations by Supervisor/Faculty Advisor:

\_\_\_\_\_

Signature of Supervisor/Faculty Advisor

Signature of HoD

Date\_