



राष्ट्रीय प्रौद्योगिकी संस्थान मेघालय  
NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA

FORM - I (C)

LEAVE APPLICATION

(Academic Leaves of more 20 days in a year, Medical leave, etc)

1. Name of the applicant		MTech	PhD/PDF/RA		
2. Programme / Dept. / Semester					
3. Nature & Period of Leave (Medical Leave, Academic Leaves greater than 20 days a year, Maternity Leave, Paternity Leave, etc. Supporting documents to be attached.)	Nature	From	To	No. of Days	
4. Holidays, Prefixing / Suffixing	Prefix	From:	To:	No. of Days	
	Suffix	From	To :	No. of Days	
5. Reasons for leave					
6. Whether Station Leave permission required or not	Yes, From:	To:	NO		
7. Address while on leave					
	Contact Phone No. (if any):	Pin:			

Date\_\_\_\_\_

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

Balance of other leaves as on date:\_\_\_\_\_No of Days:\_\_\_\_\_  
(to be verified by JA ,Academic Sec before approval.)

Signature of JA:  
Date:\_\_\_\_\_

Remarks and / or recommendations by Supervisor/Faculty Advisor:

\_\_\_\_\_  
Signature of Supervisor/Faculty Advisor

\_\_\_\_\_  
Signature of HoD

Recommend/Not Recommend

Approved / not Approved

\_\_\_\_\_  
Signature of Dean (AA)

\_\_\_\_\_  
Signature of Director