

राष्ट्रीय प्रौद्योगिकी संस्थान मिजोरम NATIONAL INSTITUTE OF TECHNOLOGY MIZORAM CHALTLANG, AIZAWL: MIZORAM - 796012

APPLICATION FOR LEAVE

NOTE: ITEMS 1 – 10 MUST BE FILLED BY THE APPLICANT

Name in Block Letters				
Designation				
Department/ Section				
Nature of Leave	Earned Leave / Commuted Leave on Medical Certificate*			
Period	Total no. of days:		From	То
Prefixed / Suffixed	On which date:		Total no. of days:	
	1			
	2			
	3			
	4			
Grounds for applying Leave			·	
Address while on Leave				
Alternate Arrangement of Class /Duty/Responsibility during Leave				
	Designation Department/ Section Nature of Leave Period Prefixed / Suffixed Grounds for applying Leave Address while on Leave	Designation Image: Constraint of the section Department/ Section Earn Nature of Leave Earn Period Tota Prefixed / Suffixed On w 1 2 3 4 Grounds for applying Leave Image: Constraint of Class Alternate Arrangement of Class	Designation Image: Constraint of the system of the sys	Designation Image: Section Department/Section Earned Leave / Commuted Leave on Nature of Leave Earned Leave / Commuted Leave on Period Total no. of days: From Prefixed / Suffixed On which date: Total no. o 1 Image: Section Image: Section 2 Image: Section Image: Section 3 Image: Section Image: Section 4 Image: Section Image: Section Address while on Leave Image: Section Image: Section Alternate Arrangement of Class Image: Section Image: Section Alternate Arrangement of Class Image: Section Image: Section Image: Section

*Medical Certificate to be enclosed

11. In the event of my resignation or voluntary retirement from the service, I undertake to refund:(a) The difference between the leave salary drawn during commuted leave and that admissible during half pay leave.

(b) The leave salary drawn during leave not due.

(c) I also undertake to refund the leave salary drawn for the period of Earned Leave which would not have been admissible, had that leave not been credited in advance in the event of my resignation, voluntary retirement, dismissal or removal from service in the event of termination of my service.

Date:

Signature of the Applicant

12. Remarks or recommendation of the Controlling Officer

Date:

Signature	:	
Designation	:	

FOR OFFICE USE

Certified that the following leave is admissible to:______ Application received on: ______

Balance of Leave	Earned Leave	Commuted Leave on Medical Certificate	Days/Half pay leave

Superintendent Orders of Sanctioning Authority Date: **Deputy Registrar**

Registrar	/ Director
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