



राष्ट्रीय प्रौद्योगिकी संस्थान मणिपुर
NATIONAL INSTITUTE OF TECHNOLOGY MANIPUR

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An Autonomous Institute under MHRD, Govt. of India.

LEAVE APPLICATION FORM FOR CONTRACT (FACULTY)

1.	Name of the applicant (in bold letters) :			
2.	Designation :			
3.	Department :			
4.	Current contract period :	From: _____ To: _____		
5.	Leave allowed during the period :	_____ day(s)		
6.	No. of days applied for :	_____ day(s)		
7.	Period of leave applied for :	From: _____ To: _____		
8.	Sunday & holidays, if any proposed to be prefixed/suffixed to leave :	Prefix: _____ Suffix: _____		
9.	Purpose for which leave is applied for :			
10.	Whether station leave permission is required :	Yes () No () If yes, place to be visited:		
11.	Address during the leave period with contact No. & email. :			
12.	Arrangement of teaching load			
	Date	From	To	Name of Teacher

Signature with date of the applicant

Forwarding Remarks/ Recommendation of the Head of the Department / Controlling Officer.

Signature with date of HOD/Controlling Officer

Certificate of availability of Leave

(to be filled by the Officer maintaining the Leave Record)

Leave allowed during the period	Leave Balance till date	No. of days applied for

Signature of Dealing Assistant

Signature of the Officer maintaining Leave Record.

Orders of the competent authority to grant leave

Sanctioned / Not Sanctioned

Signature with date