



राष्ट्रीय प्रौद्योगिकी संस्थान मणिपुर  
NATIONAL INSTITUTE OF TECHNOLOGY MANIPUR

Imphal, Manipur, Ph. (0385) 2058566 / 2445812

E-mail:- [director@nitmanipur.ac.in](mailto:director@nitmanipur.ac.in) , Website : [www.nitmanipur.ac.in](http://www.nitmanipur.ac.in)

An Autonomous Institute under MHRD, Govt. of India.

**CASUAL LEAVE APPLICATION FORM FOR REGULAR (FACULTY & NON-FACULTY)**

1.	Name of the applicant (in bold letters)	:	
2.	Designation	:	
3.	Department	:	
4.	No. of days applied for	:	day(s)
5.	Period of leave applied for	:	From: To:
6.	Sunday & holidays, if any proposed to	:	Prefix:
7.	be prefixed/suffixed to leave	:	Suffix:
	Purpose for which leave is applied for	:	
8.	Whether station leave permission is required	:	Yes ( ) / No ( ) If yes, place to be visited:
9.	Address during leave with contact No.	:	Contact Number : e-mail :

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)

CL allowed in a calendar year	CL availed till date (No. of days)	Balance CL	CL applied for (No. of days)
08 days			

Signature of Dealing Assistant

Signature of the Officer maintaining Leave Record.

**Orders of the competent authority to grant leave**

Sanctioned / Not Sanctioned

Signature/Designation  
(with date)