



**Casual leave Application for Research Scholars**

Name of the Scholar	:	
Roll Number	:	
Department	:	
Program(MS/PhD)	:	
Purpose of Leave <sup>1</sup>	:	
Leave applied for :	_____ Days	From:_____ To:_____

**Arrangement of HTRA/HTTA duties during the period of leave:**

Nature of HTRA/HTTA duty	Name and Roll Number of the alternate scholar handling the duties	Signature of the alternate scholar(s)*

\*To be signed only if the alternate person(s) agree to carry out the duties of the scholar applying for leave.

**Date:**

**Signature of Applicant**

Recommendation of the Guide:	Recommendation of the faculty assigned for TA duties:
Recommended/Not Recommended	Recommended/Not Recommended
Name and Signature	Name and Signature

*Leave form should be submitted through Department Office*

**For use by Academics Section**

Balance of leave as on date	Leave applied for (no. of days)	Balance

**Dealing Staff**

**Officer In-charge(Academics)**

Grant of leave by the Associate Dean (PG):

Sanctioned/Not Sanctioned

<sup>1</sup> Enclose supporting documents such as medical certificate, internship offer, undertaking (only in case of Internship) etc.