

INDIAN INSTITUTE OF ENGINEERING SCIENCE AND TECHNOLOGY, SHIBPUR

Application of Leave / Extension of Leave for Earned Leave/ Half-Pay Leave/ Commuted Leave

To: Dean, Faculty Affairs / Dean, Administrative Affairs								
1.	Personal File No.:			3.	Designation	:		
2.	Name:			4.	Department	:		
2.	Trume .			5.	Telephone N	No.:		
6.	Leave applied for:	From:			To:			
7.	Nature of Leave:			8.	Purpose:			
9.	Last Leave availed (including Date of Joining and Nature of Job):							
10.	Whether Station Lear required (Yes / No)	ve			, mention (Abroad)			
11.	Address during Leav	e:						
Signature of the Applicant								
The absence of the incumbent will not hamper the normal works/classes of the Department/School/Center concerned.*								
Signature of Head of the Department/In-Charge of Section								
* not applicable for leave on Medical Ground (To be used in Administration Section)								
The following leave is due on:								
Following leave on the basis of the recommendations of the Head of Department/In-charge of Section may be sanctioned.								
	Balance of Leave :	EL ►			HPL ▶			
	Sr. Superintenden	t / Assis	ant Registrar					Dealing Assistant