

THE UNIVERSITY OF BURDWAN

APPLICATION FOR LEAVE (Privilege Leave, Leave on Half Pay Etc.)

1. Name of applicant—
2. Designation—
3. Department—
4. Scale of pay—
5. Period of leave applied for—
6. On what grounds—
(M. C. to be enclosed if the leave applied for is on medical grounds)
7. Address while on leave—

Date.....

Signature of the applicant in full

OFFICE REPORT

Date of return from last leave.....

	Earned up-to-date	Taken up-to-date	Due
Privilege			
Leave on half pay			
Any other kind			

Certified that the leave applied for is admissible under U. Rule.....
.....
.....
of the University Leave Rules.

SANCTION OF LEAVE

1. Privilege leave for..... days from..... to.....
2. Leave on half pay for..... days from..... to.....
3. Extra-ordinary leave for..... days from..... to.....

may be sanctioned to Shri/Sm.....
He/She may be permitted to prefix Holidays/Sunday on..... and affix
Holidays/Sunday on..... to the said leave.

Leave sanctioned as proposed.

Supdt./A. R.

Dy. Registrar/Registrar/Vice-Chancellor