

# LEAVE APPLICATION

(except Casual Leave, please see note below)



राष्ट्रीय डिज़ाइन संस्थान असम  
National Institute of Design Assam

Form - 9

Name of the Employee : \_\_\_\_\_ Emp ID : \_\_\_\_\_

Designation : \_\_\_\_\_ Dept. / Section : \_\_\_\_\_

1.	Nature & Period of Leave (For Spl. CL, Commuted Leave, Maternity Leave, Paternity Leave etc. please attach supporting papers)	Nature	From	To	No. of Days	
2.	Holidays, Prefixing / Suffixing	Prefix	From:	To:	No. of Days:	
		Suffix	From:	To:	No. of Days:	
3.	Reasons for leave	If leave request is for project related work, then please mention project No.				
4.	Whether the applicant proposes to avail of Leave Travel Concession during the ensuing leave. <b>If yes, please submit the Application for LTC (Form No. 12) duly filled in along with this application.</b>				YES	NO
5.	Whether Station Leave permission required or not	Yes, From:		To:	NO	
6.	Arrangement for classes during the proposed leave (for faculty members)	No. of classes to be missed:	Arrangement made:			
7.	Address while on leave					
	Contact Phone No.					PIN: _____

**Undertaking:** In the event of my resignation, voluntary retirement, dismissal or removal from service or in the event of termination of my service, I undertake to refund:

- The leave salary drawn for the period of Earned Leave, which would not have been admissible, had that leave not been credited in advance.
- The difference between the leave salary drawn during commuted leave and that admissible during half pay leave and or the leave salary drawn during leave not due.

Place: \_\_\_\_\_

Date : \_\_\_\_\_

Signature of the employee

Remarks and/or recommendation of HoD/HoS

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

Date : \_\_\_\_\_

Dept. / Section: \_\_\_\_\_

**Note:** All kinds of leave, except Casual Leave should be applied in this form and forwarded to Admn/ Faculty Affairs after recommendation of the concerned HODs/HOSs/HOCs. Casual Leave should be applied in the CL Card maintained in the respective Dept./Section/Centre.

**FOR OFFICE USE (Admn.)**

Certified that the following leave is admissible to:

Name of the applicant				
Designation				
Dept. / Section / Centre				
Nature & Period of Leave admissible	Nature	From	To	No. of Days
Holidays, Prefixing / Suffixing	Prefix			
	Suffix			
Station Leave	From:	To:	No. of Days:	
Balance of leave as on .....	Earned Leave	Days		
	Half Pay Leave	Days		
No. of special Casual Leave already availed in		Days		

**Leave as above may be approved:**

\_\_\_\_\_  
**Dealing Official**

\_\_\_\_\_  
**Signature of CAO**

**Approval of Sanctioning Authority:**

\_\_\_\_\_  
**Registrar / Director**