राष्ट्रीय प्रौद्योगिकी संस्थान मेघालय

NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA

FORM – 1B (b)

LEAVE APPLICATION

(Academic Leaves of more 20 days in a year, Medical leave, etc)

1. Name of the applicant				Post Grad.	Doctorate
2. Programme / Dept. / Semester					
3. Nature & Period of Leave (Medical Leave, Academic Leaves greater than 20 days a year, Maternity Leave, Paternity Leave, etc. Supporting documents to be attached.)	Nature	From	To	No. of Days	
4. Holidays, Prefixing / Suffixing	Prefix	From:	To:	No. of Days	
	Suffix	From	To :	No. of Days	
5. Reasons for leave					
6. Whether Station Leave permission required or not	Yes, From:	To:	NO		
7. Address while on leave					
	Contact Phone No. (if any):	Pin:			
8. Arrangement for classes (if applicable)	• Certified that I have made arrangements for my classes to be taken during my absence. • I have attached a copy of the class arrangement approved by HOD.	Not Applica-ble			

Signature of the Applicant

Date_____ Roll no:_____

Balance of other leaves as on date:_____No of Days:_____

(to be verified by JA ,Academic Sec before approval.)

Signature of JA:

Date:_____

Remarks and / or recommendations by Supervisor/Faculty Advisor:

Signature of Supervisor/Faculty Advisor

Signature of HoD

Recommend/Not Recommend

Approved / not Approved

Signature of Dean (AA)

Signature of Director