राष्ट्रीय प्रौद्योगिकी संस्थान मेघालय

NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA

FORM – 1B (c)

LEAVE APPLICATION

(Academic Leaves up to 20 days in a year)

1. Name of the applicant					Post Grad.	Doctorate
2. Programme / Dept. / Semester						
3. Nature & Period of Leave (Academic Leaves up to than 20 days a year. 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 Leave 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

Approved / not Approved Signature of Dean (AA)