

**INDIAN INSTITUTE OF ENGINEERING SCIENCE AND TECHNOLOGY, SHIBPUR**

Application for Leave: Casual Leave/Special Leave/Medical Leave for PG Students & Ph.D Scholar

To : Head of the Department /Director of School/Centre**Name of the department/School/Centre:**

1	Name of the Scholar/Student:				
2	Enrollment no.:	3	Date of Enrollment:	DD/MM/YYYY	
4	Registration no.:	5	Date of Registration:	DD/MM/YYYY	
6	Department/School/Centre				
7	Institute Fellowship availing:(Y/N)	8	Date of Fellowship started:	DD/MM/YYYY	
9	For other Fellowship (name of the Funding Agency):				
10	Leave applied for:	11	PG student / Scholar		
12	Purpose				
13	Whether station leave require for Special Leave (Y/N):	14	Mention country: (India/Abroad):		
15	Name & address of Host Institute for Special Leave :				
16	From	DD/MM/YYYY	To	DD/MM/YYYY	
17	Total no. of days applied:				
18	Whether Remunetive for Special Leave (Y/N)	19	Source of TA/DA for Special leave		
20	Address during Special Leave with contact no.:				
21	Email_Id:	22	Mobile no.		
23	Last leave availed	DD/MM/YYYY	24	Date of joining	
			DD/MM/YYYY	25	Total days taken

Medical Leave:*For treatment or illness the duration of leave 15 days; Medical Certificate must be produced from a recognised medical practitioner.*

Signature of H.O.D. /In-charge of the section			Signature of 1st Supervisor in full			Signature of 2nd Supervisor in full		
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To be used in Administration Section (Office of the Dean, Academic Affairs)

Balance of Leave:	Casual Leave		Special leave		Medical leave	
Approval for Special Leave		Sanctioned/not sanctioned				

Signature of the Dean of Academic (for Casual Leave / Medical Leave / Special Leave)				Signature of the Director (in case of Special Leave applied for going Abroad)			
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No. of Special leave admissible in the academic year: 07days	No. of days Special Leave now applied:	
	No. of days for special Leave already availed:	
	Balance day(s) of Special Leave:	

DECLARATION**I do hereby declare that the information furnished above are true to the best of my knowledge and belief.**

DD/MM/YYYY		
Date:		
		Signature of the Scholar/Student in full