**INDIAN INSTITUTE OF TECHNOLOGY ROORKEE**

**DEPARTMENT OF PHYSICS**

Enrolment No. & Name: ........................................................... Research Scholar / M.Tech I yr / IIyr

Period of Leave: From ................................ To .................................. Total of days ..........................

Type of Leave: CL/ML Vacation Leave Duty Leave Outstation Leave

Purpose of Leave: ...............................................................................................................................

.............................................................................................................................................................

Contact Phone no. during the period of leave: ....................................................................................

Duties during the leave period:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Class(T/P) | Batch | Days | Time | Venue | Teacher Concerned | Name, Phone no. & Signature of R/S to whom duty has been assigned |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Encl:

Dated: Signature of Applicant Signature of Supervisor

For office use only

|  |  |  |
| --- | --- | --- |
| Nature of Leave | Already availed | Balance after this application |
| Casual Leave/Medical Leave |  |  |
| Vacation Leave |  |  |
| Duty Leave |  |  |

Approved/Disapproved