

**Hemwati Nandan Bahuguna Garhwal University Srinagar (Garhwal), Uttarakhand - 246174
(A Central University)**

**DUTY LEAVE / SPECIAL CASUAL LEAVE APPLICATION FOR TEACHING STAFF OF THE UNIVERSITY
ACADEMIC YEAR (JULY TO JUNE) 20.. – 20..**

1	Name of the Applicant:	
2	Post Held:	Department:
3	School:	Campus:
4	Nature of Leave Applied:	Duty Leave Special Casual Leave
5	Date of return from last leave and nature and duration (with date) of that leave availed.	From----- To----- -----
5	Period of Leave Applied for/ Date from	From / / to / / for _____ Days
6	Ground on which leave is applied for: (A: for Duty Leave)	(Please tick on the relevant grounds and enclose a copy invitation/testimonials)
	(i) Attending conferences, congresses, symposia and seminars on behalf of the university or with the permission of the university;	
	(ii) Delivering lectures in institutions and universities at the invitation of such institutions or universities received by the university, and accepted by the Vice Chancellor;	
	(iii) Working in another Indian or foreign university, any other agency, institution or organization, when so deputed by the university;	
	(iv) Participating in a delegation or working on a committee appointed by the Central Govt., State Govt., the UGC, a sister university or any other academic body;	
	(v) For performing any other duty for the university. (Pl Specify)	
	(vi) For attending meetings in the UGC, DST, etc. Where a teacher invited to share expertise with academic bodies, government or NGO.	
	B. For Special Casual Leave (In computing the 10 days' leave admissible, the days of actual journey, if any, to and from the places where activities specified above, take place, will be excluded.)	
	(a) To conduct examination of a university/Public Service Commission/board of examination or other similar bodies/institutions;	
	(b) To inspect academic institutions attached to a statutory board, etc.	
	Date	Signature of the Applicant
	Recommendations of the Head/Dean	
7	Certify that Duty Leave/ Special Casual Leave from _____ to _____ for _____ day(s) may be sanctioned. Necessary teaching arrangements have been done during his/her absence.	
		Signature with Designation
	For Office Use	
8	Certified that Duty Leave/ SCL for _____ days from _____ to _____ is admissible.	
9	The Duty leave/ SCL balance in the current academic year, as on date is ----- days.	
		Signature of Office In charge
10	Order of the Competent Authority to grant leave	
	Sanctioned / Not Sanctioned	
		Signature



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Hemwati Nandan Bahuguna Garhwal University,
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Srinagar (Garhwal) Uttarakhand – 246174

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(Through Proper Channel)

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Registrar
Hemwati Nandan Bahuguna Garhwal University,
(A Central University)
Srinagar (Garhwal) Uttarakhand – 246174

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I report myself for duty in the F.N./A.N. on.....after availing of leave
 from.....

I was/may be permitted to affix and suffix to my leave:-

- (a) Sunday on
- (b) Saturday on
- (c) Closed holiday on/from

I also attach herewith the fitness certificate issued by the competent Doctor after my return
 from leave on medical grounds.

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 Signature with date

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 (Name in Block Letter)

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Designation..... Section

i kkh@fu; a=d vf/kdkjh
 Incharge/Controlling Officer



**Hemwati Nandan Bahuguna Garhwal University,
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Srinagar (Garhwal) Uttarakhand – 246174**

**Application Form
(CASUAL LEAVE/RESTRICTED HOLIDAY)**

1. Applicants Name.....
2. Designation
3. Section/Deptt.....
4. Nature of Leave.....
5. Application from date..... to..... for.....days with permission to prefix..... and suffix..... being Holiday(s) /Saturday(s)/Sunday(s) (where necessary)
6. Purpose of Leave.....
7. Permission to Leave headquarters from..... to

Date:

Signature of Applicant

Recommendation of the Controlling Officer

(Signature of Controlling Officer)

Remark of the Officer

1. Total Casual Leave/Restricted holiday(s) availed so far CL.....RH.....days
2. Total Casual Leave/Restricted holiday(s) due so date CL.....RH.....days
3. Total Casual Leave/Restricted holiday(s) balance after Cl.....RH.....days
availing above mentioned leave:

(Asst./Sr. Asstt.)

Remark of the Sanctioning Authority

Sanctioned/Not Sanctioned

Place: Srinagar

Dated:

(Signature of the Sanctioning Authority)



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LEAVE APPLICATION
(TEACHING/NON-TEACHING STAFF)

1. Name of the Applicant :
2. Post held :
3. School/Centre/Deptt. :
Office/Section
4. Pay :
5. House rent and CCA drawn :
in the present post
6. Nature/Period of Leave : EL/HPL/Commuted for.....days
Applied for/date from
from.....to.....
7. Saturdays/Sundays/Holidays :
If any proposed to be prefixed or
suffixed to leave
8. Ground on which leave is :
applied for
9. Date of return from last leave :
and the nature and period of
that leave
10. Address and telephone number :
If any during leave period
.....

(Signature of applicant with date)

11. Remarks and/or recommendation of the Controlling Officer
.....

(Signature with designation and date)

CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

12. Certified that..... (nature of leave) for.....
(Period) from.....to is admissible.
13. The leave balance in his A/c as on date isdays.

(Signature of Estt./Officer (authorized
for Officer/Teachers)

14. Order of the Competent Authority to grant leave

(SANCTIONED/ NOT SANCTIONED/DEFERRED)