

**NORTH EASTERN REGIONAL INSTITUTE OF SCIENCE AND TECHNOLOGY  
(DEEMED TO BE UNIVERSITY)  
NIRJULI::ARUNACHAL PRADESH**

\_\_\_\_\_ **Department/Section**

**APPLICATION FOR CASUAL LEAVE/ RESTRICTED HOLIDAY FOR FACULTY MEMBERS**

1. Name :
2. Designation :
3. Department/ Lab/ WS :
4. Number of day(s) required
5. Ground on which leave is applied for :
6. Station leave permission if any required :
7. Date of submission of application :
8. Teaching load arrangement made during leave :  
(To be made by the Faculty member)
9. Arrangement made for additional :  
Responsibilities (in case of Lab I/C, Warden,  
HODs, Chairman, Coord etc.)
10. Address for correspondence during Leave :  
(if station leave is required)

Date:

**Signature of the Applicant**

Forwarded

**HoD/HoC**

Granted/ Not granted

**DEAN (ADMIN)**

**HoD/HoC: ----- Deptt.**

To

Dr./ Shri \_\_\_\_\_

Your CL/RH for \_\_\_\_\_ day(s) from \_\_\_\_\_ to \_\_\_\_\_ is approved/ not approved. Balance leave as on date is : CL \_\_\_\_\_ days and RH \_\_\_\_\_ days.

**HoD/HoC/HoS**