

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

_____ **Department/Section**

APPLICATION FOR CASUAL LEAVE/ RESTRICTED HOLIDAY FOR STAFF MEMBER

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)

Dated:

Signature of the Applicant

Remarks:

Signature of Lab-in-charge/ HoS

Granted/ Not granted

HoD/HoC/HoS

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