



APPLICATION FOR LONG LEAVE*

1. Name: _____ Designation: _____ Employee ID: _____
2. Department: _____ Date of Joining Institute _____
3. Previous period of long/short leave, if any: _____
4. Purpose for which leave is sought _____
(Please state location, Designation,
Salary and Scale and enclose copy of
the offer) _____
 - (a) Higher Studies:
Name of University: _____
Name of Programme: _____
 - (b) Lien to Govt. Agencies: _____
 - (c) Appointment in University/Institute: _____
 - (d) Appointment in R&D Lab/Industry _____
 - (e) Medical/ML/PL/ EL/other: _____
5. Duration and Type of Leave _____
6. Will extension of leave be necessary?
Reasons. _____
7. Was the application sent through the
Institute/proper channel/nominated by the
Institute _____
8. Arrangements about research students: Attach a list _____
9. Arrangements about research/consultancy
projects: Attach a list _____
10. Arrangements about Institute quarter: _____
11. Arrangements for Administrative Positions
at the Institute _____
12. Address during the leave period: _____

Signature

Date: _____

* Any leave (including medical, EL, Maternity leave, paternity leave, etc) of three months and more will be treated as long leave.

RECOMMENDATION OF HEAD OF DEPARTMENT

1. Total no. of faculty in the Department (including those on leave): _____
 2. Number of faculty on leave: _____
 3. Will the departmental programme suffer? Give reasons.

 4. Is any alternate arrangement envisaged?

- I recommend the leave for a period of as the guidelines for short/long leave are fulfilled.
 - I do not recommend the leave due to following reasons:

 - I recommend the leave for a period of even though the Guidelines for short/long leave are not fulfilled due to following reasons:

Signature
Date

KINDLY PROVIDE THE FOLLOWING INFORMATION DULY SIGNED BY THE HEAD OF THE DEPARTMENT ALONG WITH THIS FORM ON A SEPARATE SHEET

1. The Names of Ph.D./M.Tech. Students under your guidance.
2. The name of the faculty member responsible for research guidance of Ph.D./ M.Tech. Student during your absence along with his written consent, recommendation of DPGC/SPGC and concurrence of DoAA.
3. Title of project with you and name of the faculty member who will coordinate the Project during your absence along with his written consent and the concurrence of DORC.
4. Clearance from Chairman, House Allotment Committee.

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ARRANGEMENTS OF M.TECH./PH.D. THESIS AND PROJECTS
DURING LONG LEAVE

Name: _____ Employee ID: _____

Designation: _____ Dept. _____

Duration and the type of leave requested:

Type of leave	From	To	Duration

A. Arrangement regarding M.Tech./M.S./MBA/Ph.D. Thesis/project guidance: (see the note below. Use additional sheets, if required)

(a) Concurrence of the Co-Supervisor(s) of the M.Tech./M.S./MBA Students working with you.
Roll No Name Faculty Member Consent and Signature

(b) Concurrence of the Co-Supervisor(s) of the Ph.D. students working with you.
Roll No Name Faculty Member Consent and Signature

(c) Concurrence of Faculty Member(s) who will be the Programme Coordinator(s) of the M.Tech./M.S./MBA/Ph.D. students.
Roll No Name Faculty Member Consent and Signature

Recommended

Approved

(d) Arrangement of classes assigned, if any

Convener, DPGC/SPGC

DOAA

Note: 1. If a student's Supervisor proceeds on long leave in case of Ph.D. students, and on leave for more than three months in case of M.Tech. Students, the DPGC shall appoint a Supervisor or a Co-Supervisor in consultation with the Supervisor and the student. In this case the number of Supervisors may be more than two if an External Supervisor already exists. If a student's Supervisor proceeds on short leave in case of Ph.D. students, and on leave for not more than three months in case of M.Tech. Students, the DPGC may appoint a Programme Coordinator to take care of various formalities.

2. It is understood that before the application is submitted the concerned Supervisor to take charge of the student has already appointed as per laid down procedures in the Department



B. Sponsored Research/Consultancy Projects:

Concurrence of Faculty member(s) who will look after sponsored/consultancy projects:

Project No. Project Title Faculty Member Consent and Signature

Arrangements given above ☐ approved ☐ not approved DORC _____

C. Financial Clearance:

Are advances cleared, if any.

Arrangements given above ☐ Adjusted ☐ Not adjusted DR (F&A) _____

D. Arrangements about Institute Quarter:

Quarter No.: _____

Arrangements given above ☐ approved ☐ not approved

Chairman, House Allotment Committee

Date:

Signature of Applicant

E. Remarks on Leave due:

Assistant Registrar (Estt)

Registrar

F. Leave Approval:

Approved/Not approved

Director